NewYork-Presbyterian
The University Hospital of Columbia and Cornell

NEW YORK-PRESBYTERIAN HOSPITAL
2013COMMUNITY SERVICE PLAN
THREE YEAR
COMPREHENSIVE REPORT

November 2013

NEW YORK-PRESBYTERIANHOSPITAL

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THREE YEARCOMPREHENSIVE REPORT

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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 the poor and 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. New York-Presbyterian's six Strategic Initiatives are: Quality and Safety, People Development, Advancing Care, Financial and Operational Strength, Partnership, and Serving the Community. These Strategic Initiatives support the ultimate goal: "We Put Patients First."

SERVICE AREA

New York-Presbyterian's service area 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. The Hospital 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 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 addresses health

needs of minority and immigrant communities and collaborates with local health providers, community-based organizations, government agencies, foundations and philanthropic entities. In 2013, New York-Presbyterian commissioned a formal; Community Health Needs Assessment that included both quantitative measures as well as community-based questionnaires and key informant interviews. The 2011 community health survey prepared by the New York City Department of Health and Mental Health (NYCDOHMH) was a major source of information.

Key Quantitative Findings

- Many Washington Heights and Inwood residents have not established relationships with primary care providers.
- Chronic diseases (cancer, heart disease, diabetes, mental illness-depression, asthma, pulmonary diseases, HIV/AIDS), accidents and injuries, assault and homicide are consistently the leading causes of hospitalization and/or death.
- In Lower Manhattan many residents have not had colorectal screenings

Key Qualitative Findings (Washington Heights-Inwood)

Health

- Top health concerns included: cancer, cardiovascular disease, diabetes mellitus, and HIV/AIDS
- Respondents reported high rates of overweight and obesity
- Approximately 40% of respondents had hypertension

Health Behaviors

- Fruit and vegetable consumption below CDC standards
- Low levels of physical activity

Health Information Seeking Behavior

- Greater than 50% marginal-inadequate health literacy
- Low use of technology for health related purposes

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 the Hospital'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

New York-Presbyterian has articulated a model of community health planning and intervention, called the Regional Health Collaborative Model, which serves as a guide for strategy formulation and execution. The model is evidence-based and is framed by a formal community health needs assessment as well as evaluation of outcomes. This is an iterative model in which the lessons from the evaluation combine with the ongoing determination of the community's health needs to help refine the strategies that will lead to improved access and outcomes, especially as related to chronic diseases. Most importantly, this is a collaborative model that brings together the Hospital, the community, City and State agencies, and all other stakeholders in the improvement of health

During 2012, New York-Presbyterian conducted a wide variety of ongoing activities that support the New York State Prevention Agenda Priorities. These are outlined in Appendix I. Activities designed to improve healthcare access targeted lack of insurance; systemic and structural barriers to access, as well as cognitive barriers, including knowledge of disease and prevention strategies. 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, cancer as well as depression.

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.

- 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:

<u>Prevent Chronic Disease</u>

- 2014
    - Obtain NCQA Level 3 Patient Centered Medical Home (PCMH) Certification (2011) for all 7 Ambulatory Care Network (A.C.N.) practices in the New York-Presbyterian/Columbia campus which are targeting diabetes, asthma and CHF.
    - Plan a PCMH empanelment strategy using Sorian scheduling system and the Electronic Health Record to facilitate access and continuity.
    - Implement Interdisciplinary Plan of Care (IPOC) print outs for patients that are culturally competent and health literacy accessible.
    - 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.

- 2015
  - Pilot PCMH empanelment protocols.
  - Roll out CSHCN program.
  - Pilot adult Obesity full spectrum program.
  - Pilot PCMH-ED TOC program.
  - Complete Cultural Competency training.
  - Establish Contact Center for all seven NYP/Weill Cornell Campus ACN practices.
  - Use evidence based REDES National Cancer Institute (NCI) model to assign Community Health Workers (CHW) for Cancer outreach and education.
  - Develop culturally competent self-management education programs for Cancer survivors.
- 2016
  - Implement PCMH empanelment protocols in all sites.
  - Provide PCMH systems across all chronic disease and conditions.
  - Fully implement adult Obesity full spectrum program.
  - Fully implement PCMH-ED TOC program.
  - Implement Culturally Competent self-management education programs for Cancer in collaboration with key Community Based Organizations.

<u>Promote Mental Health & Prevention Substance Abuse</u>

- 2014
  - Educate and train all NYP/Columbia and NYP/Weill Cornell campus PCMH teams on Integrated Clinical and Behavioral Care.
  - Implement screening protocols, risk stratification and tracking systems for patients with diabetes, asthma, heart failure and depression at all NYP/Columbia and, 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.
- 2015
  - Expand clinical and behavioral care protocols for depression screening in patients with newly identified PCMH Chronic conditions.
  - Conduct utilization data analyses to identify patient population at risk in NYP/Lower Manhattan Hospital, and develop an algorithm for risk stratification.
  - Recruit identified high-risk patients in Lower Manhattan into the Health Home program.

- 2016
  - Expand clinical and behavioral depression care protocols for all primary care patients in NYP/Columbia and NYP/Weill Cornell campus PCMHs.
  - Expand network of formal Health Home collaborations with culturally competent behavior and substance abuse service-providing Community Based Organizations in Lower Manhattan.
  - Maintain registry of high risk patients.
  - Provide Health Home services to identified patients who enroll in program.

FINANCIAL AID PROGRAM & CHANGES IMPACTING COMMUNITY HEALTH/PROVISION OF CHARITY CARE/ACCESS TO SERVICES

The implementation of Charity Care Financial Aid (Financial Aid) programs at New York-Presbyterian has been very successful. These programs have enhanced eligibility for financial aid and provided individualized patient advocacy for insurance access. Additionally, a Financial Aid Summary that explains the New York-Presbyterian Financial Aid Program is made available to patients.

DISSEMINATION OF THE REPORT TO THE PUBLIC

New York-Presbyterian operates a geographically-focused approach for soliciting community participation and involvement, providing community outreach, and distributing its myriad publications. In addition, Community Service Plans are archived and made available to the general public on the New York-Presbyterian Hospital website at http://nyp.org/about/community-service-plans.html .

FINANCIAL STATEMENT

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

	2012	2011
Charity care, at cost,	$37,643	$40,156
Means-tested programs	$183,374	$158,147
Other community benefits	$299,620	$293,819
TOTAL	$520,637	$492,122

In addition, the Hospital provides healthcare to the Medicare patient population that generated shortfalls of $139,477 million for 2012 and $107,891 million for 2011.

I. HOSPITAL'S MISSION STATEMENT & STRATEGIC INITIATIVES

BACKGROUND AND OVERVIEW

New York-Presbyterian, formed by the merger of the former New York Hospital and the Presbyterian Hospital in the City of New York, in January of 1998, is a 2,478-bed, 501(c)(3) not-for-profit, academic medical center. It is committed to the special and complex mission of patient care, teaching, research, and community service.

In 2012, New York-Presbyterian discharged 104,600 patients, including 12,758 births, and provided over 1.8 million outpatient visits (excludes Lower Manhattan Hospital). New York-Presbyterian offers a full range of services from primary through quaternary care. New York-Presbyterian has over 120 fully accredited training programs and over 1,800 full-time equivalent residents and fellows.

On July 1st, 2013 the former New York Downtown Hospital officially merged with New York-Presbyterian Hospital. The new name of our sixth campus is New York-Presbyterian/Lower Manhattan Hospital. The 180-bed community hospital provides high quality, compassionate care and service to the multiple communities of lower Manhattan.

New York-Presbyterian provides state-of-the-art inpatient, ambulatory, and preventive care in all areas of medicine throughout its six centers:

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

An integral component of New York-Presbyterian is the Ambulatory Care Network (ACN). The ACN consists of 13 primary care sites and 7 school-based health centers that are accessible to all communities served. The ACN offers primary care services in obstetrics and gynecology, pediatrics, internal medicine, family medicine and geriatrics and numerous subspecialty care services. Comprehensive primary care, reproductive healthcare and family planning services are provided in the school-based health centers. Primary and specialty services are provided in locations throughout New York-Presbyterian's service area.

New York-Presbyterian also serves as the academic and tertiary hub of the New York-Presbyterian Healthcare System, an extensive network of affiliated and sponsored healthcare providers spanning the New York Metropolitan Area. The New York-Presbyterian Healthcare System currently has 24 members located throughout New York, New Jersey, and Connecticut: 13 general acute care members including New York-

Presbyterian Hospital; four (4) continuing care members, and six (6) ambulatory or specialty sites.

MISSION, VISION AND STRATEGIC GOALS

New York-Presbyterian's Vision is to maintain its position among the top academic medical centers in the nation in clinical and service excellence, patient safety, research and education. Strategic Initiatives provide the roadmap for achieving this Vision. They identify the primary strategies needed to realize New York-Presbyterian's goals and continue to work to do the very best for patients and their families at all times. New York-Presbyterian's Strategic Initiatives support the ultimate goal: "We Put Patients First." 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.

New York-Presbyterian's six Strategic Initiatives are:

1. ***Quality and Safety*** – New York-Presbyterian's Vision is to be a national leader in providing each patient with the safest, most compassionate, and highest quality of care. To support this, New York-Presbyterian has developed quality and safety policies, procedures, and best practices, many of which are adopted from the National Patient Safety Goals. Through organizational structures and processes, data systems and analytics, and other communication mechanisms, the commitment to using best practices in quality and safety across New York-Presbyterian is sustained and reinforced. Every staff member is responsible for fostering quality and safety for all our patients. Working to implement and consistently follow best practices in all work areas, enables New York-Presbyterian to provide patients and their families with a safe, highly reliable environment of care.
2. ***People Development*** – The strength of New York-Presbyterian lies within its people. The Hospital focuses on maintaining a workplace where all employees feel engaged and empowered. New York-Presbyterian knows that when staff feel valued, take pride in their work, and enjoy working with their team, the best patient care is likely to result. To achieve this, people are hired for their skills and their values. There is an organizational focus on training and education, recognizing employees for the great work they do, and enhancing communication and dialogue.
3. ***Advancing Care*** – New York-Presbyterian is working to advance care and improve the patient experience through cutting edge information technology, state-of-the-art, patient-friendly buildings and facilities, and innovative medical technology and equipment. New information technologies enable the seamless sharing of information among care providers, while enhancing the safety and convenience of our patients. New construction and renovation projects continue to move forward at each of the sites. These improvements take time and may cause inconvenience, but will enable continued delivery of high-quality, cutting edge programs and services to patients.
4. ***Financial and Operational Strength*** – New York-Presbyterian's financial stability enables growth, and is vital to achieving its goals. It has enabled New

York-Presbyterian to make necessary investments in additional resources, people, space and technology. The organization is financially sound, and its accomplishments and prudent investments have positioned the organization well for these challenging economic times. New York-Presbyterian will continue to manage its operations as efficiently as possible to continue to be able to provide high quality care and services to patients.

5. ***Partnerships –***The whole is greater than the sum of its parts. This is especially true of New York-Presbyterian's partnerships with the two medical schools, the medical staff, and New York-Presbyterian Healthcare System members. Working together, they further research, education, innovation, broaden clinical programs, and share expertise among institutions, thereby building and enriching the whole.
6. ***Serving the Community*** – New York-Presbyterian 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 continues to enhance access to our Emergency Departments and Ambulatory Care Network, promote health education and prevention, offer culturally sensitive language access services, and provide charity care to the poor and qualified individuals among the uninsured and underinsured.

II. SERVICE AREA

New York-Presbyterian is a leading academic medical center, and is proud of its long tradition as a committed provider of services to residents from diverse communities that span the New York Metropolitan area and Westchester County. As a regional resource, New York-Presbyterian's service area differs from that of a typical community hospital where service area is defined by the residential profile of the largest number of discharges; instead for the purposes of the 2013 Community Service Plan, New York-Presbyterian's service area is defined as the counties of New York, Queens, Kings, Bronx and Westchester.

New York-Presbyterian's service area includes approximately 3,565,994 households with a total population of approximately 8,655,516 ***(Appendix 1).*** The *Inpatient* payor mix is primarily Medicare at 32.9% and Medicaid at 27.7%, followed by commercial insurance at 37.8%, Self Pay at1.3% and worker's compensation at 0.3%.The *Outpatient* payor mix is Medicaid at 60.1%, Medicare at 22.1%, Commercial Insurance at 7.0%, Research at 4.8%, Self Pay at 3.8% and Blue Cross at 2.1%.[1]

Approximately 64% of the population is between the ages of 18-64 and approximately 13.4% of the population is 65 years and older. Over the next seven years, the 45-64 age group is estimated to grow by 1.2% and the 65 years and older population is estimated to grow by more than7.5%. Of the population, 82.6% identify themselves as Non-Hispanic, while 17.4% identify themselves as Hispanic. Of the population, 66.2% is White (non-

[1]NYP Fact Sheet, 2013

Hispanic), followed by 15.6% African American, 7.3% Asian/Pacific Islander and 0.4% other races.[2]

Socioeconomic Status

The percentage of families living below the poverty level is 12.4% in New York County, 26.7% in Bronx County, 19.7% in Kings County, 12.1% in Queens County and 8.9% in Westchester County, compared to 17% citywide[3]. As of 2012, residents of these areas receive public assistance at a rate of 20.3% in New York County, 49.8% in Bronx County, 32.7% in Kings County, 19.1% in Queens County, and 11.4% in Westchester County, compared with 28.1% for the rest of New York City. In 2012, the unemployment rates reported for the service area were 8.4% for New York County, 13.1% for Bronx County, 9.5% for Kings County, 9.0% for Queens County, and 7.2% for Westchester County. The overall New York State unemployment rate is 8.2%.[1] The percentage of households with incomes less than $15,000 is 15.4% in New York County, 24.9% in Bronx County, 19.1% in Kings County, 11.7% in Queens County, and 8.1% in Westchester County.[1]

Specific neighborhoods in New York-Presbyterian's service area include Washington Heights/Inwood (WH/I), Central Harlem, East Harlem, Riverdale/Kingsbridge, Union Square/Lower Manhattan and Westchester. Each of these neighborhoods is distinct in its ethnic diversity and socio-economic background.

	Washington Heights / Inwood	Central Harlem	East Harlem	Riverdale/ Kingsbridge	Union Square/ Lower Manhattan **	Westchester** *
Total Population*	248,508	162,652	109,972	90,892	162,018	949,113
% of Residents Under the age of 45*	64%	67%	65%	56%	61%	58%
Race*						
White	16%	14%	12%	42%	42%	57%
African-American	12%	55%	29%	11%	7%	13%
Hispanic	68%	24%	52%	40%	23%	22%
Asian	2%	4%	6%	5%	35%	5%
Other	2%	3%	2%	2%	2%	2%

* Source: New York City Department of Health and Mental Hygiene, Community Health Profile – 2010 (Does Not Include Westchester County)

** U.S. Census Bureau, Census 2010. (Westchester County)

[2] New York City Planning, US Census 2010

[3] 2010 data, New York City Department of City Planning (2013)

III. 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. The Hospital 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. The Hospital 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. The Hospital 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 the Hospital and the diverse communities it serves. The Board convenes individual, institutional and elected representatives from Lower Manhattan to identify and respond to the healthcare needs of the community, to consider issues pertaining to patient service and emergency preparedness, and to promote Hospital services. The Board meets quarterly.

Members of the Community Advisory Board are:

- Mr. Herbert Rosenfield, Chairman
- Mr. Michael Fosina, COO, NYP/Lower Manhattan Hospital
- Dr.LesterBlair, Associate Chair, Department of Medicine, NYP/Lower Manhattan Hospital
- Ms. Cora Fung, Associate Vice President, Development and Government Relations, NYP/Lower Manhattan Hospital
- Ms. Chui Man Lai, Assistant Vice President, Community Affairs and Patient Advocacy, NYP/Lower Manhattan Hospital
- Anthony Ercolano, Manager, Special Projects, NYP/Lower Manhattan Hospital
- Ms.AndreaChester, Battery Park City
- Ms. Kathryn Herrington, The Hallmark of Battery Park City
- Ms. Ruth Ohman, Community Board 1
- Mr.UlrichWall, Executive Director Emeritus, The Hallmark of Battery Park City

- Ms. Sheila Kolt, The Hallmark of Battery Park City
- Ms. Elizabeth Berger, President, Alliance for Downtown New York, Inc.
- Ms.SashaGreene, Coordinator, Retiree Social Services, United Federation of Teachers
- Mr. Paul Goldstein, Staff Representative, Office of Speaker Sheldon Silver
- Ms. Karen K. He, Staff Representative, Office of Speaker Sheldon Silver
- Ms. Catherine McVay Hughes, Chair, Community Board 1, Manhattan
- Mr. Noah Pfefferblit, District Manager, Community Board 1, Manhattan
- Ms Susan Scheer, New York City Comptroller's Office
- Ms. Teresa Lin, Director, Asian Home Care Program,Visiting Nurse Service of New York
- Mr. Steve Yip, Chinese American Planning Council, Inc.
- Ms. Caitlin Grand, PACE University
- Ms. Vanessa Herman, PACE University
- Mr. Joseph Morrone, PACE University
- Mr. Louis Schwartz, President, American Sportscasters Assoc
- Ms. Diane Stein, Independence Plaza
- Ms.WillingChin, Director of Operations, Grand Street Settlement
- Ms. Isabel Ching, Assistant Executive Director Senior Services Hamilton-Madison House
- Ms. Rachel Hughes, Henry Street Settlement
  Mr. Edward Ma, Community Board 2
- Ms. Ivy Tse, Credentialing Coordinator, Charles B. Wang Community Health Center

- ***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
- Soledad Hiciano, Executive Director, Community Association of Progressive Dominicans
- Maria Luna, Political activist, Community Board 12 and member of various boards
- Isabel Navarro, ExecutiveDirector, 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
- Maria Lizardo, Director, Northern Manhattan Improvement Corporation
- Mark Harding, Executive Director, Executive Director, Malcolm X Betty Shabaaz Cultural Center
- Isiah Obie Bing, Community Resident, CB12 Member

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

  Community Advisory Board Members:
  - **Jonathan B. Altschuler, Esq.**
  - **William J. Dionne,** Executive Director, BurdenCenter for the Aging, Inc.
  - **Police Officer Chris Helms,** Community Affairs Officer, 19th Precinct
  - **Police Officer Liam Lynch,** Community Affairs Officer, 19th Precinct
  - **Stephen Petrillo,** Director of Safety, The TownSchool
  - **Warren B. Scharf,** Executive Director, 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
  - **Wanda Wooten,** 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
  - **Mrs. Ethel Allen,** Donor
  - **Dr. Tzvi Bar-David,** at New York-Presbyterian/Allen
  - **Luis Canela,** Managing Director of Kaufman Brothers LLP and New York-Presbyterian Trustee
  - **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

- **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 the Hospital and diverse sectors of the community. The Advisory Board is comprised of 15 community leaders and residents who meet with senior Hospital leadership twice a year to discuss new programs/services, and address relevant health care issues impacting patient, community stakeholders/partners and the community at large.

Community Advisory Board members include:

NYP Staff

- **Laura Forese**, Group SVP, CMO, COO
- **Kerry DeWitt**, SVP, Government and Community Affairs
- **Kathy Preston**, VP, 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. Robert Everett**, Ridgeview Congregational Church; member, NYP Interfaith Council
- **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 the Hospital'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 the Hospital 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 the Hospital's service area in Northern Manhattan. Notifications of meetings are sent to all community physicians who have been identified as having an interest in participation. 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 6^{th}- 12^{th} grade students who reside in Washington Heights and Inwood.

Healthy Children in the Heights Program - Healthy Children in the Heights Program - On June 17, 2011, New York-Presbyterian (NYP) Hospital launched the Healthy Children in the Heights Program. NYP has been working for years to address the disproportionately high rates of obesity (and attendant illnesses) among young people (mainly young Latinos) in Northern Manhattan. Most of NYP's work on this important issue has been through its CHALK (Choosing Healthy & Active Lifestyles for Kids) Program (see Appendix 2 for more information). NYP is expanding the public outreach component of the CHALK program and increasing its visibility as a community based model of pediatric health and wellness. To do that it is engaging in a number of activities including grassroots outreach, public forums on health and wellness and a community-wide campaign to have Northern Manhattan leaders, residents and businesses sign the CHALK's Vive tu Vida/Live your LifePledge, a public commitment to the principles of nutrition, exercise and healthy living.

NYP has worked with community based organizations, small businesses, and other community stakeholders to bring the Healthy Children in the Heights program deep into the Northern Manhattan communities where obesity, asthma, diabetes and other illnesses are wreaking havoc.

IV. 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 partners 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 the Hospital'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."

Quantitative Study

The Quantitative Study gathered information from the New York City Department of Health and Mental Hygiene (NYCDOHMH), and a broad range of current census data, health statistics and other reliable sources, as well as existing studies and surveys, to compile a thorough baseline profile for the following areas:

Washington Heights/Inwood (WH/I): Of the 248,508 residents of WH/I, about 77,783 people or 33.1% of the population report no current health care coverage, and 23,000 did not get needed medical care in the past year[4]. 25.3% of residents rate their health as "poor" or "fair," compared to 22.3% of New York City residents[5]. WH/I is known as a medically underserved neighborhood by the Centers for Medicare and Medicaid Services.

Central Harlem: Thirteen percent of residents in Central Harlem rate their own health as "fair" or "poor" and 13.8% have no health care provider[6]. Central Harlem residents are more likely to go to the emergency room for their medical needs than to a physician's office. Of the 162,652residents living in Central Harlem, about 33,000 people report no current health care coverage or 25%[7].

Riverdale/Kingsbridge: In Riverdale and Kingsbridge, 18.9% of residents report being in fair or poor health, compared to 26.0% of residents living in Bronx County and 22.3% of

[4]NYCDOHMH, Community Health Survey, 2011.
[5] Ibid.
[6]NYCDOHMH, Community Health Survey, 2011.
[7] Ibid.

all residents in New York City[8]. Approximately 15.8% of adults in Riverdale and Kingsbridge were uninsured during the past year[9].

East Harlem: At least 31.3% of East Harlem's residents live in poverty, a disproportionately high amount when compared to the citywide percentage (19.6%)[10]. Further exacerbating and intricately tied to the heavy tolls of poverty in this community is the poor health of its residents.

***Union Square/ Lower Manhattan*:** Of the 198,000 residents of US/LM, about 26,000 people or 12.9% of the population report no current health care coverage, and 22,000 did not get needed medical care in the past year[11]. 16.9% of residents rate their health as "poor" or "fair," compared to 21.8% of New York City residents[12]. Approximately 29.6% of residents report not getting needed colonoscopy screening[13]. A total of 12,000 resident, or approximately 6.1%, of residents in this community report experiencing serious psychological distress[14].The 2006 NYCDOHMH Community Health Assessment of Lower Manhattan noted that alcohol binge drinking and morbidity rates remained were higher than other parts of the city.

Westchester: According to the 2005-2009 New York State County Health Assessment Indicators report, as of 2009, 9.1% of residents in Westchester live in poverty. [15] In 2009, heart disease was the leading cause of death in Westchester, 29.6% of total deaths, and cerebrovascular disease was 4.4%[16].

Chronic Diseases

A number of chronic diseases were particularly apparent from the quantitative analyses, the qualitative study as well as the public participation. These included diabetes, heart disease, asthma and cancer. The findings regarding these chronic diseases are further described in this section.

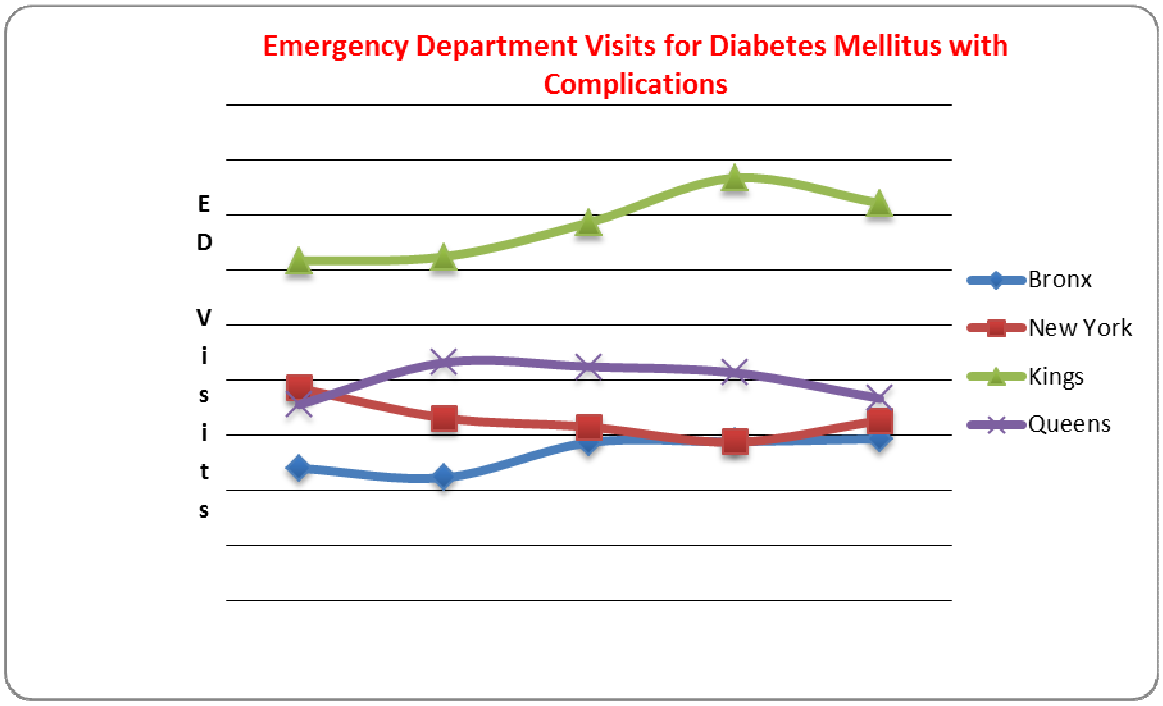
Diabetes

The New York Presbyterian service area includes all of New York City except Staten Island. In New York City, diabetes and "pre-diabetes" (Impaired Fasting Glucose) are widespread. An analysis of New York City's community Health Survey done by the Centers for Disease Control and Prevention published in 2012 was used to estimate the age adjusted incidence of self-reported diabetes among 24,384 adults aged 18 years or older. Survey results indicated that the age-adjusted incidence of diabetes per 1,000

[8]NYCDOHMH, Community Health Survey, 2011.
[9] Ibid.
[10]New York City Planning, US Census 2010.
[11]NYCDOHMH, Community Health Survey, 2011.
[12] NYCDOHMH, Community Health Survey, 2011
[13] NYCDOHMH, Community Health Survey, 2010
[14] NYCDOHMH, Community Health Survey, 2010
[15] New York State Department of Health, County Health Assessment Indicators, 2005-2009.
[16]New York State Department of Health, Vital Statistics of New York State 2007.

population was 9.4 in 2002, 11.9 in 2004, and 8.6 in 2008. Significantly, in multivariable-adjusted analysis, diabetes incidence was associated with being aged 45 or older, being black or Hispanic, being overweight or obese, and having less than a high school diploma.[17]

Uncontrolled diabetes can be a debilitating and potentially deadly illness, leading to strokes, heart attacks, congestive heart failure, kidney failure, blindness, nervous system damage, and amputations. Many of the complications of diabetes can be prevented and controlled by following established medical guidelines, including monitoring of blood sugar, blood pressure, and annual cholesterol, smoking prevention/cessation, and establishing self-management goals for the patient. The figures below represent the rate of diabetes short-term complications for our service area, New York State, New York City as a whole, and the Prevention Agenda 2013-2017 goal.



Source: NY Statewide Planning & Research Cooperative System (SPARCS) - Hospital Discharge Data

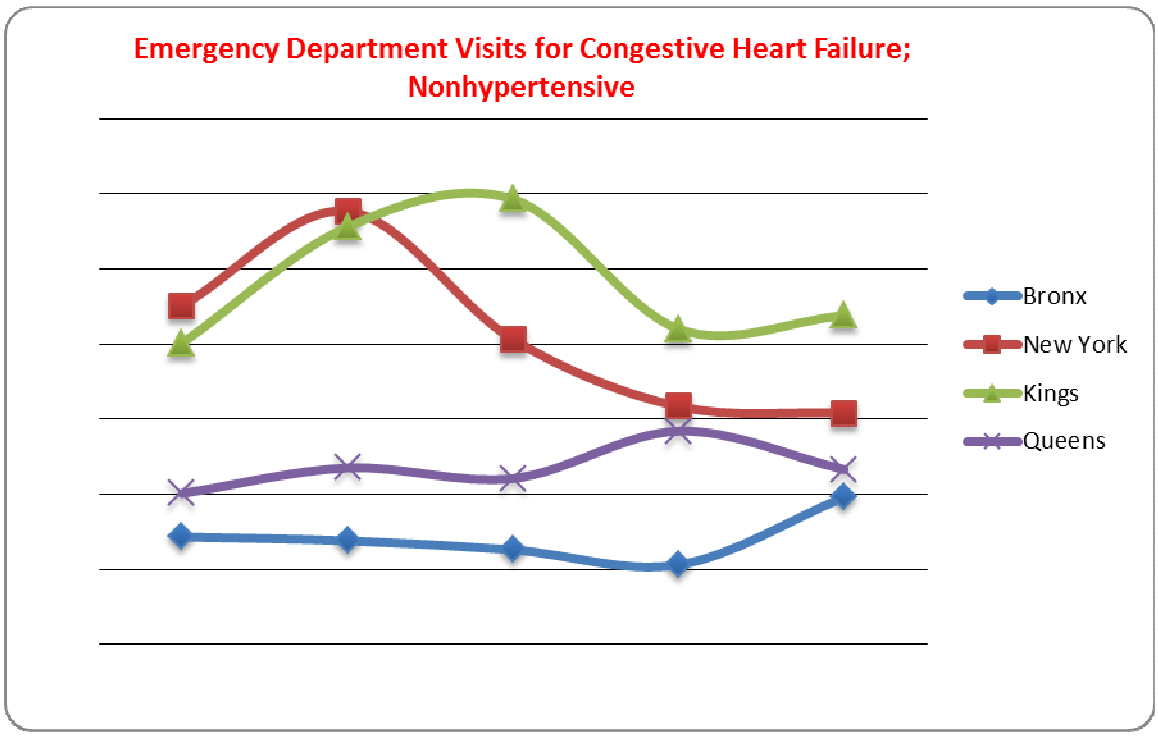
Heart Disease

Heart disease is also a serious chronic health issue for the communities in New York-Presbyterian's service area. In 2011, heart disease represented the leading cause of death in all the service area counties. The highest rate was in Queens County where it represented 45.1% of all deaths. Besides gender and genetic profile, there are a number of modifiable risk factors that present opportunities for prevention. These include

[17]Tabaei BP, Chamany S, Driver CR, Kerker B, Silver L. Incidence of Self-Reported Diabetes in New York City, 2002, 2004, and 2008.Prev Chronic Dis 2012;9:110320. DOI: http://dx.doi.org/10.5888/pcd9.110320

hypertension, smoking, and blood lipid levels. Diabetes, which is modifiable by means of various treatment modalities, is also a major contributor to heart disease.

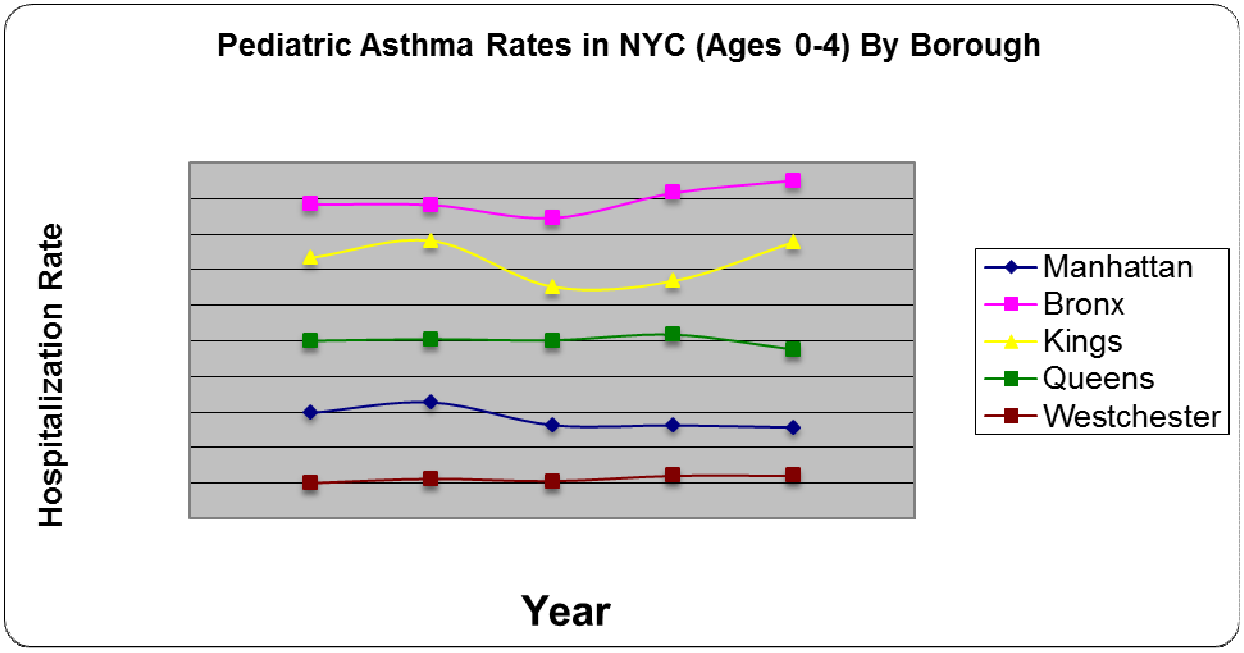
Heart disease emergency department visits for congestive heart failure (CHF) demonstrate that much needs to be done.



Source: NY Statewide Planning & Research Cooperative System (SPARCS) - Hospital Discharge Data

Asthma

According to the NYCDOHMH, New York City children are hard hit by asthma and asthma-related hospitalization. Asthma among children is the leading cause of missed school for children age 14 and younger. With the exception of Westchester County, asthma hospitalization rates are far higher in the New York-Presbyterian service area, when compared to New York State and the Prevention Agenda's 2013-2017 goal. As of 2011, New York City asthma hospitalizations were approximately 5,043 per 10,000 hospitalizations.



Source: New York State Department of Health County Health Indicator Profiles, 2005 - 2009

Cancer

Access to quality care as well as the availability of and utilization of a primary care provider are essential to good health and the early detection of serious diseases. The early detection of cancers such as breast, cervical and colorectal may lead to more successful outcomes and save lives. However, residents living in New York-Presbyterian's service area, who have poor access to care, are more likely not to be screened for these types of cancers, resulting in late presentation diagnosis and poorer health outcomes. The 2006 NYCDOHMH Community Health Assessment of Lower Manhattan noted that cancer screening rates remained well below the City's Take Care New York targets.

Depression

Depression has been a significant cause of hospitalization at New York-Presbyterian Hospital for many years. In 2006 a NYSDOHMH survey noted that Washington Heights-Inwood was the neighborhood in NYC with the highest rate of untreated depression. Depression has a powerful adverse impact on all of the chronic diseases that are noted above. Furthermore, depression as a comorbidity with diabetes has a catastrophic impact on clinical outcomes and cost.

Depression may adversely impact outcomes of chronic illnesses, such as diabetes, in several ways. Depression has been shown in patients with diabetes to be associated with poor adherence to self-care regimens, such as glucose monitoring, diet, exercise

regimens and taking medications as prescribed. Depression has been linked to having a higher number of Framingham risk factors (i.e., smoking, obesity, sedentary lifestyle) for cardiac disease in patients with diabetes. Since 2005 multiple studies have examined the association of depression in patients with diabetes with mortality and noted increases in mortality.

Leading Causes of Death

The leading causes of death in NYP's service area are closely linked to those chronic diseases that were most evident in the quantitative analyses, the qualitative study as well as the public participation. These include diabetes, heart disease, and cancer. Respiratory diseases also figure prominently among the leading causes of death- pneumonia, influenza, and chronic lower respiratory disease (including asthma).

Leading Causes of Death in Kings County, 2011		
	No. of Deaths	% of All Deaths
All Causes	15,556	100
Heart disease	**5,188**	**33.4**
Cancer	3,792	24.4
Pneumonia and Influenza	828	5.3
Diabetes Mellitus	618	3.9
Cerebrovascular disease	527	3.4
Leading Causes of Death in Bronx County, 2011		
All Causes	8,606	100
Heart disease	**2,566**	**29.8**
Cancer	1,982	23.0
Pneumonia and Influenza	413	4.8
Diabetes Mellitus	334	3.9
Chronic Lower Respiratory Disease	318	3.7
Leading Causes of Death in New York County, 2011		
All Causes	9,526	100
Heart disease	**2,783**	**29.2**
Cancer	2,461	25.8
Pneumonia and Influenza	408	4.3
Cerebrovascular disease	382	4.0
Diabetes Mellitus	264	2.8
Leading Causes of Death in Queens County, 2011		
All Causes	12,061	100
Heart disease	**4,281**	**45.1**
Cancer	2,908	24.1
Pneumonia and Influenza	608	5.0
Cerebrovascular disease	386	3.2

Diabetes Mellitus	378	3.1
Leading Causes of Death in Westchester County, 2011		
	No. of Deaths	% of All Deaths
All Causes	6,971	100
Heart disease	**2,049**	**29.4**
Cancer	1,715	24.6
Cerebrovascular disease	322	4.6
Chronic Lower Respiratory disease	287	4.1
Accidents	212	3.0

Source: New York City Department of Health and Mental Hygiene, Summary of Vital Statistics 2011
Source: NYSDOH, Vital Statistics of New York State, 2011.

Key Quantitative Findings

- Many residents have not established care relationships with primary care providers, particularly Washington Heights-Inwood residents.
- Chronic diseases (cancer, heart disease, diabetes, mental illness-depression, asthma, pulmonary diseases, HIV/AIDS), accidents and injuries, assault and homicide are consistently the leading causes of hospitalization and/or death.
- In Lower Manhattan many are lacking colorectal screenings
- Major concerns for children include the rising prevalence of obesity and increasing rates of childhood obesity and its correlation early onset diabetes. As well as the survival of children born with complex medical conditions improve; these children place a continuing burden on primary care providers and their referral centers.

Qualitative Study

In addition to the quantitative study, qualitative studies were conducted concentrating on areas that are served by three of New York-Presbyterian's sites: New York-Presbyterian/Columbia, New York-Presbyterian/Allen and the Morgan Stanley Children's Hospital.
For the purposes of the 2013 Comprehensive Community Service Plan, New York-Presbyterian collaborated in a qualitative study that included senior faculty of the Mailman School of Public Health of Columbia University, and was approved and overseen by the Institutional Review Board (IRB) of Columbia University.

New York-Presbyterian is actively involved in Columbia University's Washington Heights/Inwood Informatics Infrastructure for Community Centered Comparative Effectiveness Research (WICER) project that is conducted by senior faculty of the Mailman School of Public Health of Columbia University. Funded by the Agency for Healthcare Research and Quality (AHRQ), WICER is a multidisciplinary research project

to study the causes of disease and to compare the different methods of preventing, diagnosing and treating health conditions (also known as comparative effectiveness research) through the use of a community-focused data infrastructure.

By administering longitudinal patient health surveys to the Washington Heights/Inwood community (zip codes: 10031, 10032, 10033, 10034, 10040), WICERhas developed a health registry of the Washington Heights/Inwood (WH/I) community to establish a comprehensive understanding of our population. The participants were asked to answer survey questions which provide general information about where they are from, health-related behaviors, and their family's medical history. Data from the survey was matched with New York-Presbyterian Hospital's clinical information to create a better view of patients in the community. Information from the health registry assists researchers and organizations in developing better ways to provide health care and develop health programs for the Washington Heights/Inwood community. It also aids community residents in understanding their own health, choices and what they can do to improve their quality of life.

Another component of the WICER project is the Systolic Blood Pressure Intervention Trial (SPRINT). It is a Clinical trial that aims to reduce adverse cardiovascular outcomes through a comparison study of several methods for improving hypertension control through detecting and managing medication adherence. This blood pressure measurement program provides linkages to services and resources for the people of Washington Heights and Inwood.

Key Qualitative Findings

The WICER project collected more than 6,000 surveys from residents in the WH/I area through a survey conducted by a staff of community health workers. Below are highlights from this data set:

<u>Health</u>

- Top health concerns included: cancer, cardiovascular disease, diabetes mellitus, and HIV/AIDS
- Respondents reported high rates of overweight and obesity
- Approximately 40% of respondents had hypertension

<u>Health Behaviors</u>

- Fruit and vegetable consumption below CDC standards
- Low levels of physical activity

<u>Health Information Seeking Behavior</u>

- Greater than 50% marginal-inadequate health literacy
- Low use of technology for health related purposes by residents

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

V. THREE (3) YEAR PLAN OF ACTION

During 2012, 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 ***Appendix 2***, 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 2013 New York-Presbyterian Hospital will carry out a three year plan of action to address the two chosen Prevention Agenda Priorities:

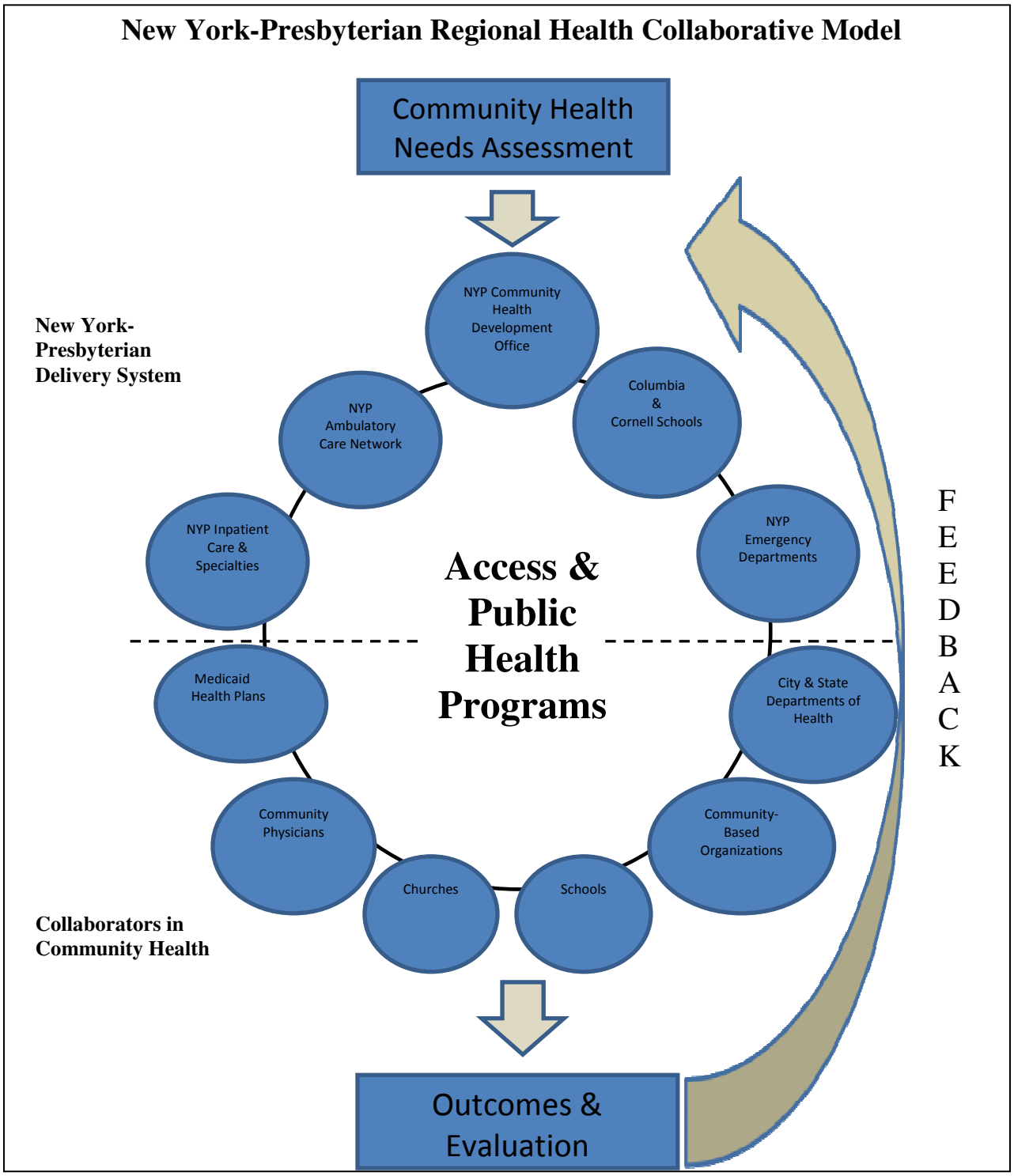
1. Prevent Chronic Disease
2. Promote Mental Health & Prevention Substance Abuse

The New York-Presbyterian Regional Health Collaborative Model will serve as a template to plan, implement and evaluate the programs and interventions that address the two chosen Prevention Agenda Priorities. This Regional Health Collaborative Model provides a framework for targeting the identified health needs and then articulating solutions in collaboration with community physicians, community-based organizations, churches, schools and City and State Departments of Health. The model is evidence-based and is framed by the formal community health needs assessment as well as evaluation of outcomes. This is an iterative model in which the lessons from the evaluation combine with the ongoing determination of the community's health needs to help refine the strategies that will lead to improved outcomes. Most importantly, this is a collaborative model that brings together the Hospital, the community, and all other stakeholders in the improvement of health.

The New York-Presbyterian Regional Health Collaborative Model has three components:

1. Determine the Community's Health Needs;
2. Collaborate with Community-Based Organizations, Faith-Based Organizations, Schools and Community Physicians to address the health needs of the Community; and
3. Evaluate the processes and health outcomes of these interventions.

The Regional Health Collaborative Model has evolved as New York-Presbyterian has engaged in an increasing number of community collaborations over the last twenty years. These collaborations started in the late eighties when the Presbyterian Hospital (which together with New York Hospital formed New York Presbyterian in 1998) dialogued with its surrounding community and began to build the Ambulatory Care Network, which now stands as a model for community-based ambulatory care. Healthcare and medicine have evolved from an empirical model of care to one which is evidence-based. Consequently, over the last several years, the targets of community health services have been increasingly determined by the evidence of need rather than opportunity or convenience. The Regional Health Collaborative Model has crystallized and now serves to guide New York-Presbyterian in its community health development. Below is a graphical representation of the model:



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 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 the Hospital and in the community

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:

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

Prevention Agenda Priorities	2014	2015	2016
Prevent Chronic Disease **Focus Area:** Increase access to high-quality chronic disease preventive care and management in both clinical and community settings **Goals** – 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.	– 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. – Plan PCMH -ED TOC program. – Pilot Culturally Competency training for PCMH personnel.	– Pilot empanelment protocols. – Roll out the "Children with Special Health Care Needs Program" (CSHCN) through the PCMH. – Implement Interdisciplinary Plan of Care (IPOC) print outs for patients that is culturally competent and health literacy accessible. – Continue childhood obesity program (CHALK) and pilot adult Obesity full spectrum program. – Pilot PCMH-ED TOC program. – Complete Cultural Competency training. – Leverage the WICER community needs study program to determine new areas of need. – RHC plan collective impact programs to address new target areas.	– Implement empanelment protocols in all sites. – Provide PCMH systems across all chronic disease and conditions. – Fully implement adult Obesity full spectrum program. – Fully implement PCMH-ED TOC program.

	– 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. – Select new RHC targeted areas of focus.		

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

Prevention Agenda Priorities	2014	2015	2016
<u>Promote Mental Health & Prevent Substance Abuse</u> **Focus Area:** Strengthen infrastructure across systems **Goals** – Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment, and recovery. – Strengthen infrastructure for	– 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: – Diabetes. – CHF – COPD/Asthma – Develop Depression registry	– Expand clinical and behavioral care protocols for depression screening in newly identified RHC targeted areas of focus.	– Expand clinical and behavioral care protocols for all primary PCMH patients.

mental, emotional, and behavioral health promotion and mental, emotional, and behavioral disorder prevention.			

New York-Presbyterian – Weill Cornell Campus

Prevention Agenda Priorities	2014	2015	2016
Prevent Chronic Disease **Focus Area:** Increase access to high-quality chronic disease preventive care and management in both clinical and community settings **Goals** – 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.	– 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 – Plan empanelment strategies. – Pilot Cultural Competency training.	– Establish Contact Center for seven PCMHs. – Pilot empanelment protocols. – Roll out CSHCN program. – Fully implement TCI program. – Develop BBKH collaboration with WCIMA in Diabetes pilot for East Harlem Community. – Pilot PCMH-ED TOC program. – Complete Cultural Competency training.	– Provide PCMH systems across all clinic diseases. – Implement empanelment protocols in all sites. – Implement BBKH collaboration with WCIMA in Diabetes pilot for East Harlem Community. – Fully implement PCMH-ED TOC program.

	– 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.		

New York-Presbyterian – Weill Cornell Campus

Prevention Agenda Priorities	2014	2015	2016
Promote Mental Health & Prevent Substance Abuse **Focus Area:** Strengthen infrastructure across systems **Goals** – Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment, and recovery.	– 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.	– Expand clinical and behavioral care protocols for depression screening in patient with PCMH Chronic conditions.	– Expand clinical and behavioral care protocols for all primary clinic patients.

– Strengthen infrastructure for mental, emotional, and behavioral health promotion and mental, emotional, and behavioral disorder prevention.			

New York-Presbyterian – Westchester Campus

Prevention Agenda Priorities	2014	2015	2016
Prevent Chronic Disease **Focus Area:** Increase access to high-quality chronic disease preventive care and management in both clinical and community settings **Goals** – 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.	– Establish collaboration with key Community Based Organizations to conduct Cancer screenings in the community. – Hold Cancer screening community health fair.	– Use evidence based National Cancer Institute (NCI) REDES model to assign CHW for Cancer outreach and education. – Develop culturally competent self-management education programs for Cancer survivors.	– Implement Culturally Competent self-management education programs for Cancer in collaboration with key Community Based Organizations.

– Promote culturally relevant chronic disease self-management education. **<u>Promote Mental Health & Prevent Substance Abuse</u>** **Focus Area:** Strengthen infrastructure across systems **Goals** – 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.	– Formalize collaborations with NYP Health Home and establish systems for networking and referrals. – Formalize linkages with NYP Health Home provider agencies.	– Increase the network of NYP Health Home by at least an additional five provider organizations.	– Increase the network of NYP Health Home by at least ten additional provider agencies.

New York-Presbyterian – Lower Manhattan Campus

Prevention Agenda Priorities	2014	2015	2016
Prevent Chronic Disease **Focus Area:** Increase access to high-quality chronic disease preventive care and management in both clinical and community settings **Goals** – 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.	– 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.	– Use evidence based REDES National Cancer Institute model to assign CHW for Cancer outreach and education. – Develop culturally competent self-management education programs for Colorectal Cancer survivors.	– Implement Culturally Competent self-management education programs for Colorectal Cancer in collaboration with key Community Based Organizations, American Cancer Society, VNS and local physicians.
Promote Mental Health & Prevent Substance Abuse **Focus Area:** Strengthen infrastructure across systems **Goals**	– Establish formal collaborations with culturally competent behavior and substance abuse service-providing Community Based Organizations in this community.	– Conduct analysis of NYP/Lower Manhattan Hospital utilization data to select patient population at risk. – Develop an algorithm for risk stratification.	– Expand network of agency formal collaborations. – Maintain registry of high risk patients. – Provide Health Home services to

– 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.		– Recruit high risk patients into the Health Home program.	identified patients who enroll in program.

VI. 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 2008 Comprehensive Community Service Plan. Furthermore, in 2012 the Hospital continued its strategic initiative to measurably improve the health of the community by aligning its health care delivery system with the access and health care needs of the community.

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 the Hospital'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.
- The Hospital 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, the Hospital 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: The Hospital 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 the Hospital'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.

VII. DISSEMINATION OF THE REPORT TO THE PUBLIC

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*** by visiting New York-Presbyterian's website www.nyp.org or contacting one of the following offices:

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*

OFFICE OF COMMUNITY HEALTH DEVELOPMENT *(212) 740-7753*

VIII. FINANCIAL STATEMENT

New York-Presbyterian's commitment to community service is evidenced by services provided to special populations, such as minorities, the elderly, person with disabilities, the mentally ill, persons with AIDS and poor persons ("Special Populations") and benefits provided to the broader community. Services provided to such Special Populations include services provided to persons who cannot afford healthcare because of inadequate resources and who are uninsured or underinsured.

New York-Presbyterian provides quality medical care regardless of race, creed, sex, sexual orientation, national origin, handicap, age, or source of payment. Although reimbursement for services rendered is critical to the operations and stability of the Hospital, New York-Presbyterian recognizes that not all individuals have the ability to pay for medically necessary services, and furthermore, the Hospital's mission is to service the community with respect to healthcare. Therefore, in keeping with the Hospital's commitment to serve members of the community, the Hospital provides the following: free and reduced medical care (charity care/financial aid) to the indigent; care to persons covered by governmental programs at below-cost (excluding Medicare); subsidized health services; and healthcare activities and programs to support the community. Community benefit activities include wellness programs, community education programs, health screenings, and a broad variety of community support services, health professional's education, and subsidized health services.

NewYork-Presbyterian believes it is important to quantify comprehensively the benefits it provides to the community.

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

	2012	2011
Charity care, at cost,	$37,643	$40,156
Means-tested programs	$183,374	$158,147
Other community benefits	$299,620	$293,819
TOTAL	$520,637	$492,122

In addition, the Hospital provides healthcare to the Medicare patient population that generated shortfalls of $139,477 million for 2012 and $107,891 million for 2011.

IX. PLAN CONTACT INFORMATION

Name of Facility: New York-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: Kerry S. DeWitt
Title: Senior Vice President, External Relations
Phone: (212) 305-4223
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CSP Contact Person: J. Emilio Carrillo, M.D., M.P.H.
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X. APPENDICES

APPENDIX 1

New York-Presbyterian Service Area Demographics

Table 2.1 Total Population Distribution									
	2015 Estimated			2020 Projected			2015-2020 (%Change)		
Age	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**	**Female**	**Male**	**Total**
<19	1,038,716	1,081,733	2,120,449	1,037,740	1,079,436	2,117,176	-0.09%	-0.21%	-0.15%
20-44	1,680,977	1,638,602	3,319,579	1,693,580	1,672,368	3,365,948	0.75%	2.06%	1.40%
45-64	1,134,709	990,103	2,124,812	1,148,213	1,005,277	2,153,490	1.19%	1.53%	1.35%
65 plus	598,873	383,524	982,397	640,954	414,996	1,055,950	7.03%	8.21%	7.49%
Total	**4,453,274**	**4,093,962**	**8,547,236**	**4,520,487**	**4,172,077**	**8,692,564**	**1.50%**	**1.90%**	**1.70%**

Source: NYC Department of Planning, 2013

Table 2.2: Population by Race/ Ethnicity						
Race	**2010**		**Estimated 2012**		**2010-2012 (% Change)**	
White	2,722,319	33.3%	2,758,876	33.09%	36,557	-0.21%
Asian	1,038,242	12.7%	1,144,198	13.72%	105,956	1.02%
African American	2,084,659	25.5%	2,357,301	28.28%	272,642	2.78%
Native American	57,226	0.7%	118,381	1.42%	61,155	0.72%
Other[1]	2,272,687	27.8%	1,957,941	23.49%	-314,746	-4.31%
TOTAL	**8,175,133**	**100.0%**	**8,336,697**	**100%**	161,564	**2%**
Ethnicity						
Hispanic	2,338,088	28.6%	2,407,944	28.88%	69,856	0.28%
Non-Hispanic	5,837,045	71.4%	5,928,753	71.12%	91,708	-0.28%
TOTAL	**8,175,133**	**100.0%**	**8,336,697**	**100%**	**161,564**	**2%**

[1] This category encompasses Native Hawaiians and other Pacific Islanders, individuals of some other race, and two or more races.

Source: U.S. Census Bureau, 2012

APPENDIX 2

2011 COMMUNITY SERVICE ACTIVITES

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 NYPH 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 2010-11 school year, 5,967 student patients made 41,378 visits; this is an increase of over 1,500 visits from 2010.

- ***Taxi Drivers Health Fai*r** – 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 2012 health fair.

- ***Cosmetology and Beauty Industry Health Fair***- This event took place at the Vivian and Seymour Milstein Family Heart Center on July 18, 2011 and was dedicated to the health of local cosmetologists in the Washington Heights/Inwood and immediate Bronx areas of New York City. Collaborations include New York-Presbyterian Ambulatory Care Network, the New York Hispanic Cosmetology and Beauty Chamber of Commerce and Neighborhood Health Providers. General health screenings were offered as an opportunity to bring awareness to health related problems that could be addressed with education and referrals. Services included: Blood pressure, cholesterol, glucose, and BMI

screenings; health counseling and follow-up; health insurance eligibility screening/enrollment; workshops on women's health, business licensure and regulations consultations, repetitive motion injury - prevention and ergonomics, hair relaxing and permanents, stress management and depression and advantages and disadvantages of artificial nails.

- ***Community Physician Outreach Program -***The Community Physician Outreach Program's mission is to provide a link from the Hospital 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 2012, 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.

- ***Bodeguero's Health Fair*** - New York-Presbyterian worked with JETRO Bronx Foods Market distributors to educate local grocery store owners throughout the City on access to healthcare. The fair provided flu shots, diabetes, cholesterol, and blood pressure screenings to approximately 100 attendees. In addition, health educators were available on site to assist and provide participants with health-related literature and information.

- ***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 2012, eight (8) seminars were held and approximately 1,000 community residents attended. Past lecture topics included, "Countering the Effects of Digestive Disease," "Managing Pain: Taking the Ache out of Aging," "Eat Your Vegetables: Understanding the Link Between Diet and Disease," and "Not On An Empty Stomach: Losing Weight Without Being Hungry."

- ***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 2012, an average of 25 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 2012 was approximately 550 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 2012, 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. The Hospital 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). The program currently serves approximately 12,000 people, and targets obesity by encouraging students and their families, along with school staff to engage in physical activity. 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 2012. 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 2012, 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 2011. Program participants, staff, and community members joined together to March through Washington Heights to raise awareness about childhood asthma in the community. Approximately 300 people were served by the WIN for Asthma program in 2012.

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 2012:

- ***Breast Cancer Awareness Month*** – During 2012, 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. In 2012, NYP raised over $49,800 to support the Avon Walk for Breast Cancer.

- ***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 JayMonahan Center for Gastrointestinal Health Outreach Events –*** In 2012, 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.
  - In 2012, New York-Presbyterian teamed up with CBS Cares and Sharon and Ozzy Osbourne in the Colonoscopy Sweepstakes to raise awareness of the importance of early detection.

- ***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 2012.

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 3,755 pints of blood were collected at blood drives throughout our campuses in 2012; this is a 15% increase from 2010.

- ***Emergency Management Forum***–The System Emergency Management Forum continued to meet in 2012. Quarterly meetings were held on January 19, April 19, and July 19 (this meeting held at The Valley Hospital, in Ridgewood, NJ). 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. Following Hurricane Irene, System coastal storm planning was again a big focus in 2012 (and this planning helped the System successfully evacuate the former New York Downtown Hospital- now New York Presbyterian/Lower Manhattan Hospital- prior to Hurricane Sandy). Two web conferences were held during 2012. On May 17, the Forum focused on the response to a real-world flooding incident which occurred at one of the System facilities. On November 15, the Forum held a System Hurricane Sandy After-Action Discussion, which was an opportunity for all System members to discuss the strengths and areas for improvement with the Hurricane response (both at an individual facility level and as a System of healthcare facilities). On September 28, the System "Operation Critical Decision" exercise was held at five System locations connected via video conferencing with 118 participants in total – NYP-Cornell (NY, NY), NYP-Westchester (White Plains, NY), New York Hospital Queens (Flushing, NY), Holy Name Medical Center (Teaneck, NJ), and Vassar Brothers Medical Center (Poughkeepsie, NY). The exercise scenario was a long-duration pandemic causing severe shortages of effective medications, staff, life-saving equipment, and medical supplies. There was an excellent dialogue on

healthcare facility critical decision making when established standards of care can no longer be met and the exercise was very well received.

- ***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 2012.

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 2011.

- 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/NYPH staff and patients.
- 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 MujeresProgresistas, 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
    - NYPH-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 the Hospital 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 2012, 74 students from the Washington Heights community participated in the Lang Program; this is almost 12 more students than those that participated in 2010.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. In 2012, 6,000 people participated in 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 were 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 2012, a team of 3,204 volunteers provide over 321,952 hours of service; this is an increase from of 2000

hours from 2011. 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 2012, 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 2,500 members of the community were served by this program in 2012.

- ***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 10,560 adolescent and adult women and more than 2,960 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 2012, the Family Planning Center provided over 22,000 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 2011 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 2012.

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 2012 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 2012.

- ***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 2012, 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 2012 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 2012 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 behaviora***l topics geared towards an older audience. 2012 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) 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.