
***NEWYORK-PRESBYTERIAN HOSPITAL
2008 COMMUNITY SERVICE PLAN
THREE YEAR
COMPREHENSIVE REPORT***

September 2009

NEWYORK-PRESBYTERIAN HOSPITAL

**2008 COMMUNITY SERVICE PLAN
THREE YEAR COMPREHENSIVE REPORT**

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EXECUTIVE SUMMARY

NewYork-Presbyterian Hospital (NewYork-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. NewYork-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. NewYork-Presbyterian is achieving this by enhancing access to its Emergency Departments and Ambulatory Care Network, promoting health education and prevention, offering culturally-sensitive language access services, and providing charity care to the poor and qualified individuals among the uninsured and underinsured.

NewYork-Presbyterian's Vision is to maintain our position among the top academic medical centers in the nation in clinical and service excellence, patient safety, research and education. Strategic Initiatives provide the roadmap to achieving this Vision. NewYork-Presbyterian's six Strategic Initiatives are: Quality and Safety, People Development, Advancing Care, Financial and Operational Strength, Partnerships, and Serving the Community.

SERVICE AREA

NewYork-Presbyterian's service area is defined as the counties of New York, Queens, Kings, Bronx and Westchester.

PUBLIC PARTICIPATION

NewYork-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. NewYork-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 NewYork-Presbyterian Community Health Advisory Council, the NewYork-Presbyterian/Weill Cornell Community Advisory Board, the NewYork-Presbyterian/Allen Hospital Advisory Committee, Community Districts 8 and 12, and the Building Bridges-Building Knowledge-Building Health Collaborative of Northern Manhattan, East Harlem and the South Bronx. NewYork-Presbyterian has also assessed community need in consultation with two large groups of community physicians that share parts of the same service area. NewYork-Presbyterian has convened the Washington Heights/Inwood (WH/I) Emergency Preparedness Task Force, which focuses on community preparedness.

ASSESSMENT OF PUBLIC HEALTH PRIORITIES

The NewYork-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 collaborators with local health providers, community-based organizations, government agencies, foundations and philanthropic entities. In 2006, NewYork-Presbyterian commissioned a formal, academic Community Health Needs Assessment that included both quantitative measures as well as community-based focus group and key informant interviews. This study was conducted by senior faculty of the Mailman School of Public Health of Columbia University, and it was approved and overseen by the Institutional Review Board (IRB) of Columbia University. The findings of this study were updated in 2008. The community health profiles prepared by the New York City Department of Health and Mental Health (NYCDOHMH) were a major source of information.

Key Quantitative Findings

- Access to care is limited by:
 - Lack of health insurance. A significant number of residents in these communities are Eligible for Public Health Insurance but Not Enrolled (EPHINE).
 - Large number of patients have not seen a primary care provider, particularly among WH/I residents. This is despite the multiple community-based and school-based NewYork-Presbyterian healthcare facilities, the more than 250 community physicians practicing in the area, and a substantial number of NewYork-Presbyterian sponsored and initiated services and collaborations with the community.
- Cancer, heart disease, accidents and injuries, mental illness, diabetes, HIV/AIDS, asthma, assault and homicide are consistently the leading causes of hospitalization and/or death.

Key Qualitative Findings

- Medicaid is often confusing to patients; such patients would benefit from more information about the process and follow-up to make sure paperwork is in order.
- Greater communication between NewYork-Presbyterian and local physicians and a strong educational program were identified as important factors contributing to healthcare access.
- Many WH/I residents are unaware of what services NewYork-Presbyterian provides. For example, several focus group participants were unaware that the School-Based Clinics, which they value highly, are part of NewYork-Presbyterian.
- Waiting times in NewYork-Presbyterian's Emergency Room are cited by many as a problem.
- Cultural competency in the form of Spanish language skills, health literacy strategies and cross-cultural communication skills are necessary to earn the trust of the WH/I population.
- Obesity, diabetes, asthma, and mental health are major health concerns.

The quantitative and qualitative findings on the community's health 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 partners to show measurable improvement over time.

Selection of Three (3) Prevention Agenda Priorities

NewYork-Presbyterian selected three 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 NewYork-Presbyterian service area. The focus groups and key informant interviews supported this fact. The quantitative studies also indicated that a number of chronic diseases are highly prevalent in the NewYork-Presbyterian service area. These include diabetes, heart disease, asthma and cancer.

In addition, NewYork-Presbyterian considered the heightened need for community preparedness as a City, State and Federal priority. The current concerns over the H1N1 virus illustrate the importance of community preparedness for all residents in NewYork-Presbyterian's service area. In consideration of the above cited quantitative and qualitative data, NewYork-Presbyterian has chosen the three following priority areas:

- Access to Quality Healthcare
- Chronic Disease
- Community Preparedness

THREE (3) YEAR PLAN OF ACTION

NewYork-Presbyterian has articulated a model of community health planning and intervention, called the Community Health 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. This model was used to guide a year-long community health improvement strategy formulation campaign, The Washington Heights/Inwood Initiative. This collaborative and evidence based initiative is designed to make major contributions to healthcare access as well as health promotion and disease prevention for a large sector of the population served by NewYork-Presbyterian.

In addition to the work of the Washington Heights/Inwood Initiative, NewYork-Presbyterian has begun the planning process for the continuation and enhancement of its community preparedness initiative, which is intended to serve the entire NewYork-Presbyterian service area and addresses the third New York State DOH Prevention Agenda Priority that NewYork-Presbyterian has adopted.

During 2008, NewYork-Presbyterian conducted a wide variety of activities that support the three Prevention Agenda Priorities: access to healthcare, chronic disease and community preparedness. 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. 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). NewYork-Presbyterian also conducted many health promotion and disease prevention activities that addressed the following **chronic diseases**: diabetes and obesity, cardiovascular disease, asthma, and cancer. **Community preparedness** activities ranged from flu shot programs to extensive emergency medical services activities, conducted in coordination with the City of New York

A three year Plan of Action was drawn up to guide our Prevention Agenda from 2009 through 2011. The three year action plan is summarized below:

Access to Quality Healthcare

- Transform Clinics into Medical Homes
 - 2009: Identify gaps to meet National Committee for Quality Assurance (NCQA) Recognition, and develop performance measures and benchmark
 - 2010: Achieve NCQA Level 2 Recognition for all clinics; develop Medical Home Quality Forum in collaboration with community physicians and NYCDOHMH; and analyze one year of performance data
 - 2011: Achieve NCQA Level 3 Recognition for all clinics; and analyze two years of performance data
- Design Patient Call Center
 - 2009: Design a Call Center for scheduling of primary and specialty appointments by patients and ED personnel, and develop performance metrics
 - 2010: Implement Call Center
 - 2011: Call Center fully operational, and ongoing analysis of performance measures
- Facilitate Medical Home Access from ED
 - 2009: Plan integration of IT, Call Center and Patient Navigator strategies to accomplish goal; and develop Transition of Care (TOC) metrics
 - 2010: Execute integrated strategies
 - 2011: Complete implementation, and ongoing analysis of TOC metrics
- Facilitate Access to Public Health Insurance for the Eligible Uninsured (EPHINE)
 - 2009: Identify root causes
 - 2010: Establish collaboration with contracted Medicaid Health Plans, NYCDOHMH, and community stakeholders to identify and educate EPHINEs
 - 2011: Implement collaborative programs with community organizations, and conduct ongoing analysis of process and outcome measures

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- Explore the adaptation of the Personal Health Record, as exemplified by myNYP.org, for use by New York-Presbyterian patients in collaboration with NYSDOH, Medicaid, and Microsoft, Inc.
 - 2009: The collaborators will formulate strategy and together seek the necessary resources needed for implementation.

Chronic Disease

- Develop Pilot Disease Management Programs
 - 2009: Target diabetes, pediatric asthma, and adolescent depression; plan IT and operational requirements; and collaborate with Visitor Nurse Services of New York
 - 2010: Implement diabetes and adolescent depression pilots; continue WIN for Asthma Program; collect TOC and other clinical metrics; and plan a CHF disease management program
 - 2011: Track TOC and clinical metrics and assess patient self management progress; make necessary corrections to disease management pilot; and implement CHF program
- Train Ambulatory and ED Staff in Skills-Based Cultural Competency Training
 - 2009: Develop training program that includes cross-cultural communication, language access and health literacy
 - 2010: Begin training of clinical and non-clinical staff
 - 2011: Complete training of all staff in EDs and clinics, and initiate periodic booster training sessions
- Launch a Comprehensive Pediatric Obesity Prevention Program in Washington Heights/Inwood
 - 2009: Establish collaborations with Columbia University Medical Center, contracted Medicaid Health Plans, NYCDOMH, community physicians, NYSDOH, Community Based Organizations and Churches
 - 2010: Complete structuring of collaborations, and complete planning of comprehensive program, including multimodal prevention strategies and venues as well as treatment opportunities
 - 2011: Implement program, and initiate annual evaluation of process and outcome measures

Community Preparedness

- Pandemic Control
 - 2009: Design a pandemic control plan in conjunction with NYCDOHMH and the Community Boards 8 and 12, as well as the Community Emergency Response Team (CERT) targeting flu vaccine and H1N1
 - 2010: Expand and consolidate Community Emergency Preparedness Task Force including NYCDOHMH, NYPD, FDNY, Port Authority, Community Boards, CERT teams, schools, universities and other community organizations.

- Support NYC Blood Supply
 - 2009-2011: Conduct quarterly blood drives; establish ongoing performance monitoring.

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 NewYork-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 NewYork-Presbyterian Financial Aid Program is made available to patients.

DISSEMINATION OF THE REPORT TO THE PUBLIC

NewYork-Presbyterian operates a geographically-focused approach for soliciting community participation and involvement, providing community outreach, and distributing its myriad publications

FINANCIAL STATEMENT

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

	<u>2008</u>	<u>2007</u>
Charity care, at cost, and means-tested programs	\$151,931	\$131,959
Other community benefit	<u>188,477</u>	<u>178,984</u>
	<u>\$340,408</u>	<u>\$310,943</u>

In addition, the Hospital provides healthcare to the Medicare patient population that generated shortfalls of \$78 million for 2008 and \$75 million for 2007.

I. HOSPITAL'S MISSION STATEMENT & STRATEGIC INITIATIVES

BACKGROUND AND OVERVIEW

NewYork-Presbyterian Hospital (NewYork-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 2,242-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 2008, NewYork-Presbyterian discharged 111,764 patients, including 12,383 births, and provided over 1.7 million outpatient visits. NewYork-Presbyterian offers a full range of services from primary through quaternary care. NewYork-Presbyterian has over 117 fully accredited training programs and approximately 1,700 full-time equivalent residents and fellows. NewYork-Presbyterian provides state-of-the-art inpatient, ambulatory, and preventive care in all areas of medicine throughout its five centers:

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

An integral component of NewYork-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 sub-specialty 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 NewYork-Presbyterian's service area.

NewYork-Presbyterian also serves as the academic and tertiary hub of the NewYork-Presbyterian Healthcare System, an extensive network of affiliated and sponsored healthcare providers spanning across the New York Metropolitan Area. The NewYork-Presbyterian Healthcare System currently has 42 members located throughout New York, New Jersey, Connecticut and Texas: 33 general acute care members including NewYork-Presbyterian and Methodist Houston; two acute rehabilitation care facilities; three long-term care facilities; and four ambulatory or specialty sites.

MISSION, VISION AND STRATEGIC GOALS

NewYork-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 NewYork-Presbyterian's goals and

continue to work to do the very best for patients and their families at all times. NewYork-Presbyterian's Strategic Initiatives support the ultimate goal: "We Put Patients First." This means that NewYork-Presbyterian must make patients the first priority and strive to provide them with the highest quality, safest, and most compassionate care and service.

NewYork-Presbyterian's six Strategic Initiatives are:

Quality and Safety – NewYork-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, NewYork-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 NewYork-Presbyterian is sustained and reinforced. Each and 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 NewYork-Presbyterian to provide patients and their families with a safe, highly reliable environment of care.

People Development – The strength of NewYork-Presbyterian lies within its people. The Hospital focuses on maintaining a workplace where all employees feel engaged and empowered. NewYork-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 all employees for the great work they do, and enhancing communication and dialogue.

Advancing Care – NewYork-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.

Financial and Operational Strength – NewYork-Presbyterian's financial stability enables growth, and is vital to achieving its goals. It has enabled NewYork-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. NewYork-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.

Partnerships – The whole is greater than the sum of its parts. This is especially true of NewYork-Presbyterian's partnerships with the two medical schools, the medical staff, and NewYork-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.

Serving the Community – NewYork-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. NewYork-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. NewYork-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

NewYork-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, NewYork-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 2008 Community Service Plan, NewYork-Presbyterian's service area is defined as the counties of New York, Queens, Kings, Bronx and Westchester.

NewYork-Presbyterian's service area includes approximately 3,414,764 households with a total population of approximately 8,695,434 (***Appendix 1***)¹. The payor mix is primarily Medicaid at 32.5% and Medicare at 30.8%, followed by commercial insurance at 20.3%, Blue Cross at 7.7%, self-pay/uninsured at 7.5%, other at 0.9% and worker's compensation at 0.3%.

Approximately 64% of the population is between the ages of 18-65 and approximately 13% of the population is 65 years and older. Over the next five years, the 45-64 age group is estimated to grow by more than 8% and the 65 years and older population is estimated to grow by 7.5%. Of the population, 72.6% identify themselves as Non-Hispanic, while 27.4% identify themselves as Hispanic. Of the population, 44.7% is White, followed by 25% African American, 19.2% other (includes Native Hawaiian, Pacific Islander, and individuals of two or more races), 10.7% Asian and 0.5% Native American².

Socioeconomic Status

The percentage of persons living below the poverty level is 20% in New York County, 31% in Bronx County, 25% in Kings County, 15% in Queens County and 8.8% in Westchester County, compared to 21.2% citywide³. Residents of these areas receive public assistance at a rate of 17.7% in New York County, 29.2% in Bronx County, 23%

¹ Claritas 2008.

² Ibid.

³ New York City Department of City Planning (September 2006).

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in Kings County, 12.6% in Queens County and 2.7% in Westchester County, compared with 19.3% for the rest of New York City⁴. As of July 2009, the unemployment rates reported for the service area are 8.6% for New York County, 12.9% for Bronx County, 10.6% for Kings County, 8.8% for Queens County, and 7.3% for Westchester County. The overall New York State unemployment rate is 8.6%⁵. The percentage of households with incomes less than \$15,000 is 18% in New York County, 29% in Bronx County, 24% in Kings County, 15% in Queens County, and 10% in Westchester County⁶.

Specific neighborhoods in NewYork-Presbyterian’s service area include Washington Heights/Inwood (WH/I), Central Harlem, East Harlem, Riverdale/Kingsbridge, 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	Westchester**
Total Population*	270,700	151,100	108,100	89,000	923,459
% of Residents Under the age of 44*	70%	70%	70%	58%	63%
% of Foreign Born*	51%	19%	21%	30%	22%
% of Residents (25 year or older) with ONLY a High School Diploma*	19%	25%	23%	21%	22%
% of College Graduates*	18%	20%	13%	38%	46%
Race*					
White	11%	8%	7%	49%	64%
African-American	14%	67%	33%	11%	14%
Hispanic	71%	19%	55%	32%	16%
Asian	2%	3%	3%	5%	5%
Other	2%	3%	2%	3%	1%

* Source: New York City Department of Health and Mental Hygiene, Community Health Profile – 2006 (Does Not Include Westchester County)

** U.S. Census Bureau, Census 2000. Table DP-1 & 2. Profile of General Demographics Characteristics: 2000, (Westchester County)

III. PUBLIC PARTICIPATION

NewYork-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. NewYork-Presbyterian adheres

⁴ Ibid.

⁵ New York State Department of Labor, Local Area Unemployment Statistics.

⁶ Claritas 2008.

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 NewYork-Presbyterian Community Health Advisory Council, the NewYork-Presbyterian/Weill Cornell Community Advisory Board, the Westchester Division Consumer Advocacy Committee, the NewYork-Presbyterian/Allen Pavilion Community Task Force and the Building Bridges-Building Knowledge-Building Health Collaborative of Northern Manhattan, East Harlem and the South Bronx.

NewYork-Presbyterian has worked closely with Community Districts 8 and 12 to assess community health need and coordinate efforts. NewYork-Presbyterian has also assessed community need in consultation with two large groups of community physicians that serve patients covered by three of NewYork-Presbyterian's facilities: The Milstein Hospital Building at NewYork-Presbyterian/Columbia, NewYork-Presbyterian/Allen and the Morgan Stanley Children's Hospital. In 2009, NewYork-Presbyterian convened the WHI Emergency Preparedness Task Force. This group focuses on community preparedness.

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

- ***The NewYork-Presbyterian Community Health Advisory Council:*** The NewYork-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. Meetings of the Council are held quarterly and notifications are provided through e-mails and regular postal mailings. During the last two meetings, on March 11th and May 20th, 2009, the Council addressed concerns regarding community preparedness, patient access and community engagement regarding the best approach to tackling chronic diseases.

Members of the Council are:

- **Sandra Garcia-Betancourt**, Executive Director & CEO, Northern New York Arts Alliance (NoMAA)
- **Herbert Harwitt**, former Community Board 12 Board Member
- **Fern Hertzberg**, Executive Director, ARC Fort Washington Senior Center
- **Soledad Hiciano**, Executive Director, Association of Progressive Dominicans
- **Maria Luna**, Community Leader and Community Board 12 Board Member
- **Isabel Navarro**, Executive Director, Casa México
- **Pamela Palanque-North**, Community Board 12 Board Member and Chair, Community Emergency Response Team (CERT)
- **Ana Olivero, M.D.**, former President of the Community Physician Organization
- **Rosita Romero**, Executive Director, Dominican Women's Development Corp.
- **Rev. Luonne Rouse**, Pastor, Metropolitan Community United Methodist Church, and Co-Chair, Building Bridges-Building Knowledge-Building Health Coalition
- **Andrew Rubinson**, Community activist and former Executive Director, Fresh Youth Initiative

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- **Yvonne Stennett**, Executive Director, Community League of the Heights
- **Juan Tapia-Mendoza, M.D.**, Community Physician
- **Juan Villar**, Principal, Gregorio Luperon High School

- ***The NewYork-Presbyterian/Weill Cornell Community Advisory Board:*** The NewYork-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 mission of the Board includes working with NewYork-Presbyterian to identify health needs of the community, participate in determining how best to meet those health needs where appropriate, initiate the development of a collaboration between the Hospital and community-based organizations and bring to the attention of Hospital administration internal service delivery problems.

Community Advisory Board Members:

- **Jonathan B. Altschuler, Esq.**
- **William J. Dionne**, Executive Director, Burden Center for the Aging, Inc.
- **Peter Gorham**, Executive Director, Kennedy Child Study Center
- **Police Officer Chris Helms**, Community Affairs Officer, 19th Precinct
- **Police Officer Liam Lynch**, Community Affairs Officer, 19th Precinct
- **Stephen Petrillo**, Director of Safety, The Town School
- **Warren B. Scharf**, Executive Director, Lenox Hill Neighborhood House
- **Barry Schneider**, Member of Community Board 8
- **Leslie Slocum**, Press and Public Affairs Officer, British Consulate General, British Information Service
- **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, The NewYork-Presbyterian Hospital
 - Dean, Weill Cornell Medical College
 - Local elected officials

The NewYork-Presbyterian Community Advisory Board meets bi-annually; the last meeting was held on May 20, 2009. The Advisory Board addressed community preparedness planning, the State and Federal budget, and H1NI virus preparedness.

- ***The NewYork-Presbyterian/Allen Hospital Advisory Committee*** - The NewYork-Presbyterian/Allen Advisory Committee was established to foster greater community input in the delivery of healthcare and maintain the community awareness of hospital activities and services. The Committee meets twice a year, or more frequently if needed, and recently discussed the electronic connection between NewYork-Presbyterian and community physicians, called Care Connect. The pilot of Care Connect, launched in 2009 at the NewYork-Presbyterian/Allen Hospital, will enable NewYork-Presbyterian to alert community physicians if one of their patients arrives at the NewYork-Presbyterian/Allen emergency department for treatment. This allows the community physician to track their patients' care. Several years ago, the

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Committee's recommendations led to the expansion of the NewYork-Presbyterian/Allen emergency department.

Advisory Committee Members:

- **Ms. Christie Allen**, Donor
 - **Mrs. Ethel Allen**, Donor
 - **Dr. Tzvi Bar-David**, Physician, at NewYork-Presbyterian/Allen
 - **Luis Canela**, President & CEO BPD Bank and NewYork Presbyterian Trustee
 - **Pamela Carlton**, NewYork-Presbyterian Trustee
 - **Dr. Roberta L. Donin**, Assistant Clinical Professor at NewYork-Presbyterian/Allen
 - **June Eisland**, Former New York City Council Member
 - **Charlotte Ford**, NewYork-Presbyterian Trustee
 - **David Gmach**, Director, Manhattan Public Affairs and Financial Planning & Analysis, Consolidated Edison Company of New York
 - **Anne Grand, Ph.D**, Physician, at NewYork-Presbyterian Allen
 - **Marife Hernandez**, NewYork-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
- ***The Building Bridges-Building Knowledge-Building Health Coalition (BBKH or Coalition) of Northern Manhattan, East Harlem and the South Bronx:*** In 2005, NewYork-Presbyterian co-founded BBKH, a Community-Based Participatory Research Coalition (CBPR), which has served to bring together community, religious, academic and Hospital collaborators around the mission of measurably improving the health of the communities we serve. The members of BBKH include:

Community-Based Organizations (CBOs)

- Alianza Dominica
- Bronx Health Link
- Community League of the Heights (CLOTH)
- Northern Manhattan Perinatal Partnership
- South Bronx Concerned Citizens

Faith-Based Organizations (FBOs, Churches)

- First Spanish United Methodist Church
- Grace United Methodist Church
- Madison United Methodist Church
- Metropolitan Community United Methodist Church

Academic Organizations and Healthcare Providers

- Heilbrun Population and Family Health (Mailman School of Public Health of Columbia University)
- Weill Cornell University's Department of Public Health

– NewYork-Presbyterian Hospital

BBKH has chosen diabetes as the focus of the Coalition's health promotion and disease prevention efforts. This determination was made according to the public participation principles of CBPR at the annual meeting in 2006. The Coalition meets every month and is supported by a five-year grant from the Community Partnerships program of the Office of Minority Health, New York State Department of Health. In 2008 and 2009, BBKH membership has been offered to many other CBOs and Faith-Based Organizations in Northern Manhattan and the South Bronx that are dedicated to the improvement of health status and healthcare access.

- **Community Board Districts 8 and 12** - NewYork-Presbyterian meets regularly with Community Board Districts 8 and 12. These Districts encompass two large sections of its service area. The Health Committee of Community Board District 12 in Manhattan meets monthly to discuss the health needs of the community. NewYork-Presbyterian's Vice President of Government and Community Affairs is a member of that Committee and regularly reports on NewYork-Presbyterian programs, services, community outreach and budget issues. The interaction between NewYork-Presbyterian and the Community Board is extremely valuable since it allows a first hand report about community concerns.
- **Community Physicians of NewYork-Presbyterian/Columbia** - This organization provides a forum for discussion and networking for NewYork-Presbyterian and the many community physicians who practice medicine in large sectors of NewYork-Presbyterian's service area. Notifications of meetings are sent to all community physicians who have been identified and have expressed an interest in participation. The outreach has resulted in building an organization of more than 170 community physicians. This group meets on a monthly basis to discuss several issues including healthcare access, emergency services, and collaborations for diabetes management and obesity prevention, as well as health promotion efforts. In addition, more than fifty community physicians have also collaborated with NewYork-Presbyterian on grant funded efforts to improve access to healthcare and control asthma, obesity and diabetes (Access Improvement - NYSDOH HEAL 1, 6, and 9 – HEAL 10 award notifications pending; WIN for Asthma; CHALK award, NYSDOH).
- **Corinthian Independent Physicians Association (IPA)** – Corinthian IPA includes more than 500 physicians in the New York, Kings, Queens and Bronx Counties. NewYork-Presbyterian has met with their leadership on multiple occasions to address issues of diabetes control and expansion of healthcare access. On June 23, 2009, 150 Corinthian physicians met with NewYork-Presbyterian and the leadership of the New York City Department of Health and Mental Health, Division of Healthcare Access & Improvement Primary Care Information Project, to promote healthcare access through the development of Medical Homes and chronic disease management programs. The Corinthian IPA invited its more than 500 members from all over the City.

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- ***The Washington Heights/Inwood Emergency Preparedness Task Force*** - The first meeting of the Emergency Preparedness Task Force was held on September 9, 2009. The initial meeting focused on:
 - Vaccinations
 - Community resources
 - Distribution of flyers and posters
 - Effective communication and outreach, including utilization of local media
 - Extensive outreach to immigrant and non-English speaking populations
 - Alternate sites for expansion

Initial members include:

- NewYork-Presbyterian Hospital
- Columbia University Medical Center
- New York City Department of Health and Mental Hygiene
- Community Board 12
- Community Board 12 Emergency Response team (CERT)
- 33rd and 34th Police Precincts
- Community League of the Heights
- Project Renewal
- Isabella Geriatric Center
- Northern Manhattan Coalition for Immigrant Rights
- Yeshiva University
- Local elected officials

IV. ASSESSMENT OF PUBLIC HEALTH PRIORITIES

The NewYork-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 partners with local health providers, community-based organizations, government agencies, foundations and philanthropic entities

In 2006, NewYork-Presbyterian commissioned a formal, academic Community Health Needs Assessment. This study was conducted by senior faculty of the Mailman School of Public Health of Columbia University, and it was approved and overseen by the Institutional Review Board (IRB) of Columbia University. This study focused on the Northern Manhattan neighborhoods served by the Milstein Hospital Building, the Allen Pavilion and the Morgan Stanley Children's Hospital. The findings of this study were updated in 2008, at which time the study's reach was extended to East and Central Harlem and the Bronx.

The overarching goal of this assessment was to confirm that NewYork-Presbyterian is providing quality care to its local community. 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 NewYork-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.”

In keeping with NewYork-Presbyterian’s Vision and goals, the following serve as the primary aims of this assessment:

- Analyze the community health profiles and primary needs as reflected in morbidity and mortality data;
- Assess the extent to which NewYork-Presbyterian has the ambulatory and outpatient facilities to meet these needs;
- Identify why residents seek care;
- Identify where residents go for their care;
- Analyze the difficulties that residents encounter in receiving healthcare and the factors that contribute to the difficulties;
- Understand the community’s perception of services provided by NewYork-Presbyterian; and
- Recommend strategic policy and programmatic interventions that build on and improve existing efforts towards responding to the community’s health needs.

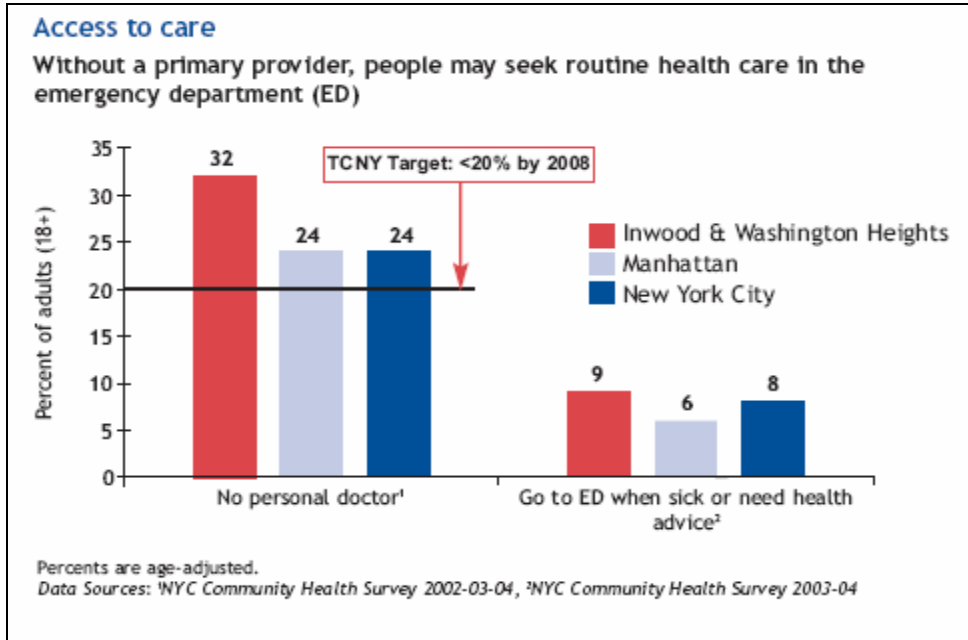
Quantitative Study

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 270,700 residents of WH/I, about 46,000 people report no current health care coverage, and 26,000 did not get needed medical care in the past year⁷. 27.2% of residents rate their health as “poor” or “fair,” compared to 21.9% of New York City residents⁸. WH/I was one of 3 community districts in New York County that were designated medically underserved by the Centers for Medicare and Medicaid Services in 2001.

⁷ NYCDOHMH, Community Health Survey, 2007.

⁸ Ibid.



Central Harlem: Twenty-two percent of residents in Central Harlem rate their own health as “fair” or “poor” and 22.2% have no health care provider⁹. Central Harlem residents are more likely to go to the emergency room for their medical needs than to a physician’s office. Of the 151,100 residents living in Central Harlem, about 22,000 people report no current health care coverage or 19.5%¹⁰. The annual death rate in Central Harlem was higher than the rates in both New York County and New York City overall (9.7/1,000 vs. 6.2/1,000 in New York County and 7.1/1,000 in New York City¹¹. Heart disease was the leading cause of premature death in Central Harlem, at 31%, cancer at 24%, diabetes mellitus at 5%, influenza and pneumonia related at 4%, and HIV/AIDS at 4%¹².

Riverdale/Kingsbridge: Heart disease death rates in the Riverdale/Kingsbridge area in 2007 (465.8/100,000) were higher than rates in both the Bronx (221.7/100,000) and New York City overall (267.7/100,000)¹³. In Riverdale, 20.7% of residents are less likely to report being in fair or poor health, compared to 26.8% of residents living in Bronx County and 21.9% of all residents in New York City¹⁴. Approximately 11% of adults in Riverdale are uninsured or went without health insurance during the past year¹⁵.

East Harlem: At least 38% of East Harlem’s residents live in poverty, a disproportionately high amount when compared to the citywide percentage (21%)¹⁶. Further exacerbating and intricately tied to the heavy tolls of poverty in this community is the poor health of its residents. East Harlem’s death rate is almost 31% higher than the

⁹ NYCDOHMH, Community Health Survey, 2007.

¹⁰ Ibid.

¹¹ NYCDOHMH, Summary of Vital Statistics 2007.

¹² Ibid.

¹³ Ibid.

¹⁴ NYCDOHMH, Community Health Survey, 2007.

¹⁵ Ibid.

¹⁶ New York City Planning, US Census 2000.

New York City's overall rate¹⁷. This reflects a high burden of mortality due to such illnesses as heart disease, cancer and HIV/AIDS. Hospital admission rates in the neighborhood are twice as high as that of the entire five boroughs comprising New York City.

Westchester: According to the 2005-2007 New York State County Health Assessment Indicators report, 15% of adult residents in Westchester do not have health insurance¹⁸. In addition, 7.4% of adults in this community did not receive medical care because of cost¹⁹. In 2007, the average annual death rate in Westchester was approximately 12% higher than the rate in New York City overall (715.1/100,000 vs. 639/100,000)²⁰. Heart disease was the leading cause of death in Westchester, 32.9%, cancer was 24.6%, chronic lower respiratory disease was 4.6%, and cerebrovascular disease was 4.5%²¹.

Key Findings

- Access to care is limited by:
 - Lack of health insurance. A significant number of residents in these communities are Eligible for Public Health Insurance but Not Enrolled (EPHINE).
 - Large number of patients have not seen a primary care provider, particularly among WH/I residents. This is despite the multiple community-based and school-based NewYork-Presbyterian healthcare facilities, the more than 250 community physicians practicing in the area, and a substantial number of NewYork-Presbyterian sponsored and initiated services and collaborations with the community.
- Cancer, heart disease, accidents and injuries, mental illness, diabetes HIV/AIDS, asthma, assault and homicide are consistently the leading causes of hospitalization and/or death.

Qualitative Study

In addition to the quantitative study, qualitative studies were conducted concentrating on areas that are served by three of NewYork-Presbyterian's sites: NewYork-Presbyterian/Columbia, NewYork-Presbyterian/Allen and the Morgan Stanley Children's Hospital.

- Focus groups were held to assess the community's perspective on its own health needs, the difficulties residents encounter in accessing care, and the efficacy of Hospital services in addressing the needs and difficulties. A total of 27 participants were recruited from the surrounding community as well as community-based organizations (CBOs), and interviewed in the following groups: men over 65; women over 65; men 45-65; and women 18-25. Spanish speakers participated in group meetings held in their native language.

¹⁷ NYCDOH, Summary of Vital Statistics 2007.

¹⁸ New York State Department of Health, County Health Assessment Indicators, 2005-2007.

¹⁹ Ibid.

²⁰ New York State Department of Health, County Health Profiles, 2003-2007.

²¹ New York State Department of Health, Vital Statistics of New York State 2007.

- Key informant interviews (22) were held with (a) clinicians with extensive experience in the community; (b) community activists/CBO; and (c) hospital administrators to gain an understanding of the community and the hospital from multiple perspectives.

Key Findings

- Medicaid is often confusing to patients; such patients would benefit from more information about the process and follow-up to make sure paperwork is in order.
- Greater communication between NewYork-Presbyterian and local physicians and a strong educational program were identified as important factors contributing to healthcare access.
- Many WH/I residents are unaware of what services NewYork-Presbyterian provides. For example, several focus group participants were unaware that the school-based clinics, which they value highly, are part of NewYork-Presbyterian.
- Waiting times in NewYork-Presbyterian’s Emergency Room are cited by many as a problem.
- Cultural competency in the form of Spanish language skills, health literacy strategies and cross-cultural communication skills are necessary to earn the trust of the WH/I population.
- Obesity, diabetes, asthma, and mental health are major health concerns.

Selection of Three (3) Prevention Agenda Priorities

In accordance with the State Department of Health’s Prevention Agenda Toward the Healthiest State, NewYork-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. NewYork-Presbyterian also reviewed the heightened need for community preparedness as a City, State and Federal priority. The current concerns over the H1N1 virus illustrate the importance of community preparedness for all residents in NewYork-Presbyterian’s service area.

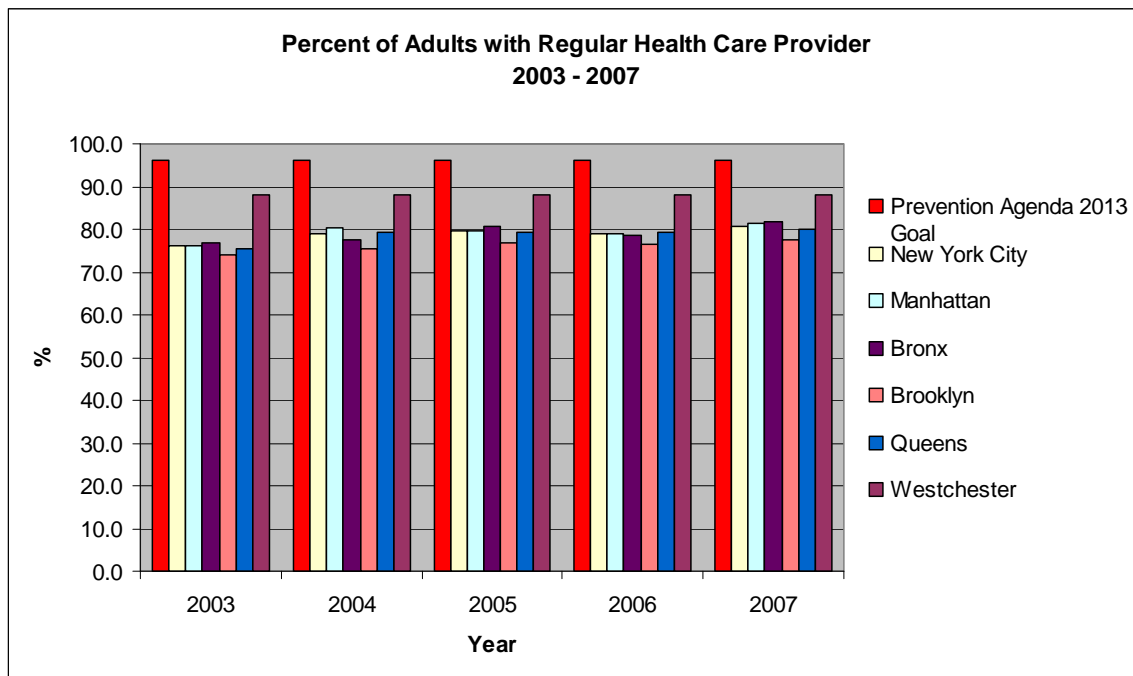
As a result of all of the above data and considerations, NewYork-Presbyterian has chosen to address the following three (3) New York State Department of Health’s Prevention Agenda Priorities:

1. Access to Quality Healthcare
2. Chronic Disease
3. Community Preparedness

1. Access to Quality Healthcare

The input from the public participation sessions as well as the findings of both the quantitative and qualitative community health assessment studies point to access to quality healthcare as a major priority in NewYork-Presbyterian’s service area.

There are three categories of healthcare access barriers: 1) Health insurance and the ability to pay for treatment; 2) Systemic and structural barriers; and 3) cognitive barriers, such as lack of knowledge of disease and prevention, language access, cross-cultural communication barriers and health literacy²². People who lack health insurance or face structural barriers, such as absence of a Medical Home, face obstacles in obtaining a regular health care provider. Having a regular medical provider is an important indicator of healthcare access.



Sources: NYCDOHMH. Community Health Survey 2003-2007
Westchester County Department of Health, Annual Data Book

In 2007, the percentage of residents of this service area who reported not having seen a medical provider in the last 12 months was 14.4% in New York County, 14.9% in Bronx County, 12.4% in Kings County and 14.9% in Queens County, compared to 13.8% in New York City²³. According to the New York City Community Health Survey, the number of residents who needed medical care but did not receive it was 10.0% in New York County, 12.5% in Bronx County, 10.5% in Kings County and 12.7% in Queens County, as compared to 11.1% in New York City²⁴. Based on the Westchester County

²² Carrillo JE, Treviño FM, Betancourt JR, et al. In: Aguirre M, Molina CW, Zambrana RE, eds. *Latino Access to Health Care: The Role of Insurance, Managed Care, and Institutional Barriers, Health Issues in the Latino Community*. San Francisco: Jossey-Bass; 2001:55-73.

²³ NYCDOHMH, Community Health Survey 2007.

²⁴ Ibid.

Community Health Assessment 2005-2010, less than 10% of county residents reported not receiving needed medical care in the last 12 months.

Language and culture are two additional barriers to healthcare access. Being foreign-born can result in linguistic, cultural, and legal barriers to healthcare access. The foreign-born rates for the service area are 29.4% in New York County, 29.0% in Bronx County, 37.8% in Kings County, 46.1% in Queens County, and 22% in Westchester, as compared to 35.9% in New York City as a whole²⁵. Of the total population in the service areas (above the age of 5), the percentages of residents who reported their ability to speak English as “not very well” are higher than the 23.7% in New York City: 25.20% in Bronx County, 23.9% in Kings County and 27.8% in Queens County²⁶.

Effective communication may also be complicated by low health literacy, which refers to “the ability to read, comprehend and act on medical instructions.” Those with low health literacy have difficulties with tasks such as reading the label on a bottle of pills, interpreting the values on a blood sugar test, and understanding an appointment slip or medical consent form. These tasks are essential for self management when living with chronic diseases.

2. Chronic Disease

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 disease is a major priority in the NewYork-Presbyterian service area. Chronic diseases such as diabetes, heart disease, and asthma were major causes of hospitalization, as well as morbidity and mortality in the NewYork-Presbyterian service area. Key informants and focus group participants repeatedly referred to asthma, mental illness, diabetes and its frequent companion, obesity, as major concerns for the community.

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. A 2004 study of 1,336 New York City adults revealed that 8.7% have diabetes and another 3.8% have undiagnosed diabetes. The findings, published in *Diabetes Care*²⁷, come from the New York City Health and Nutrition Examination Survey, which was modeled after the National Health and Nutrition Examination Survey. Researchers measured fasting plasma glucose to determine undiagnosed diabetes and impaired fasting glucose (IFG). IFG was found in 23.5% of subjects. In 2006 the overall U.S. prevalence of diabetes was 7.5%, close to the New York State rate of 7.6%. We have a long way to go to reach the Prevention Agenda 2013 goal of 5.7%

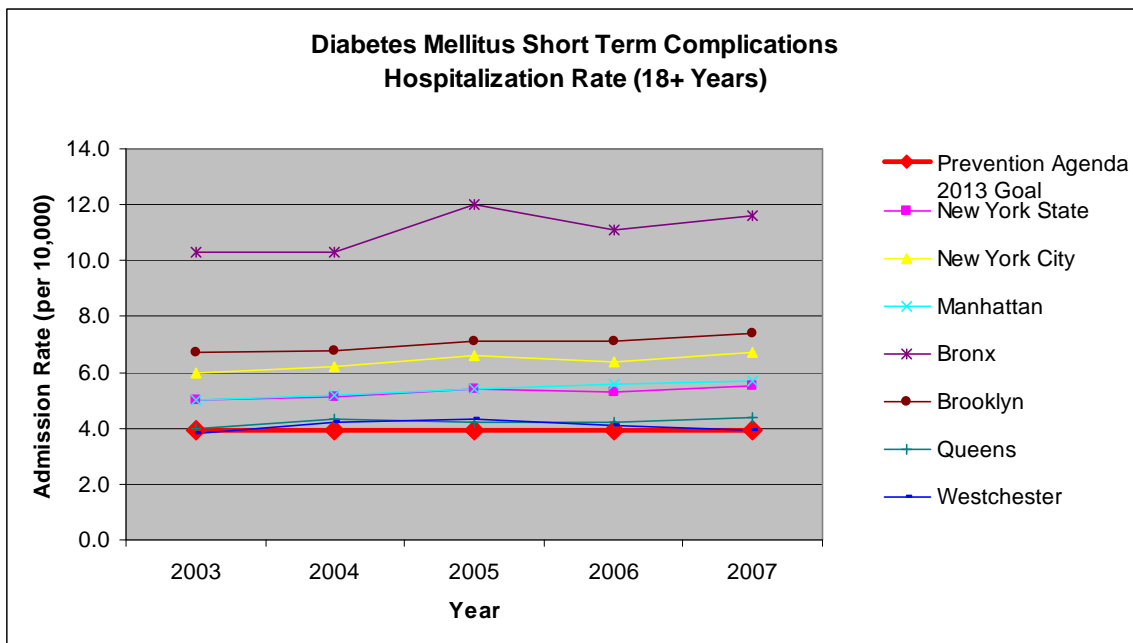
²⁵ U.S. Census Bureau, 2000 Census SF3 SB P-1.

²⁶ U.S. Census Bureau, 2000 Census SF3 SB P-4.

²⁷ L.E. Thorpe, PHD, U.D. Upadhyay, PHD, S.Chamany, MD, R. Garg, MPH, J. Mandel-Ricci, MPA, S. Kellerman, MD, D.K. Berger, MD, T.R. Frieden, MD and C. Gwynn, PHD, *Prevalence and Control of Diabetes and Impaired Fasting Glucose in New York City*. *Diabetes Care* 2009; 32: 57-62).

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. Older age, obesity, lack of exercise and a family history are major risk factors for the disease, which is significantly more prevalent among African American and Latino New Yorkers than among other groups. According to a study published by the City of New York Office of the Comptroller in 2004, a contributing factor for these ethnic differences may be that African American and Latino New Yorkers are more likely than White or Asian New Yorkers to be obese²⁸. Obesity is arguably the biggest preventable risk factor for diabetes.

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 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 2007, 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

²⁸ Thompson, WC. City of New York, Office of the Comptroller - Office of Policy Management. "Equal Treatment: The Case for More Effective Diabetes Care in Select New York city Neighborhoods." August 2004.

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

Leading Causes of Death in New York County, 2007		
	No. of Deaths	% of All Deaths
All Causes	9,619	100
Heart disease	3,099	32.2
Cancer	2,609	27.1
Pneumonia and Influenza	475	4.9
Cerebrovascular disease	321	3.3
Diabetes Mellitus	302	3.1

Source: New York City Department of Health and Mental Hygiene, Summary of Vital Statistics 2007

Leading Causes of Death in Bronx County, 2007		
	No. of Deaths	% of All Deaths
All Causes	8,724	100
Heart disease	2,954	33.9
Cancer	1,980	22.7
Diabetes Mellitus	357	4.1
HIV Disease	337	3.9
Pneumonia and Influenza	334	3.8

Source: New York City Department of Health and Mental Hygiene, Summary of Vital Statistics 2007

Leading Causes of Death in Kings County, 2007		
	No. of Deaths	% of All Deaths
All Causes	15,771	100
Heart disease	7,031	44.6
Cancer	3,501	22.2
Pneumonia and Influenza	589	3.7
Diabetes Mellitus	475	3.0
Cerebrovascular disease	415	2.6

Source: New York City Department of Health and Mental Hygiene, Summary of Vital Statistics 2007

Leading Causes of Death in Queens County, 2007		
	No. of Deaths	% of All Deaths
All Causes	12,721	100
Heart disease	5,736	45.1
Cancer	2,895	22.8
Pneumonia and Influenza	593	4.7
Cerebrovascular disease	363	2.9
Chronic Lower Respiratory Disease	362	2.8

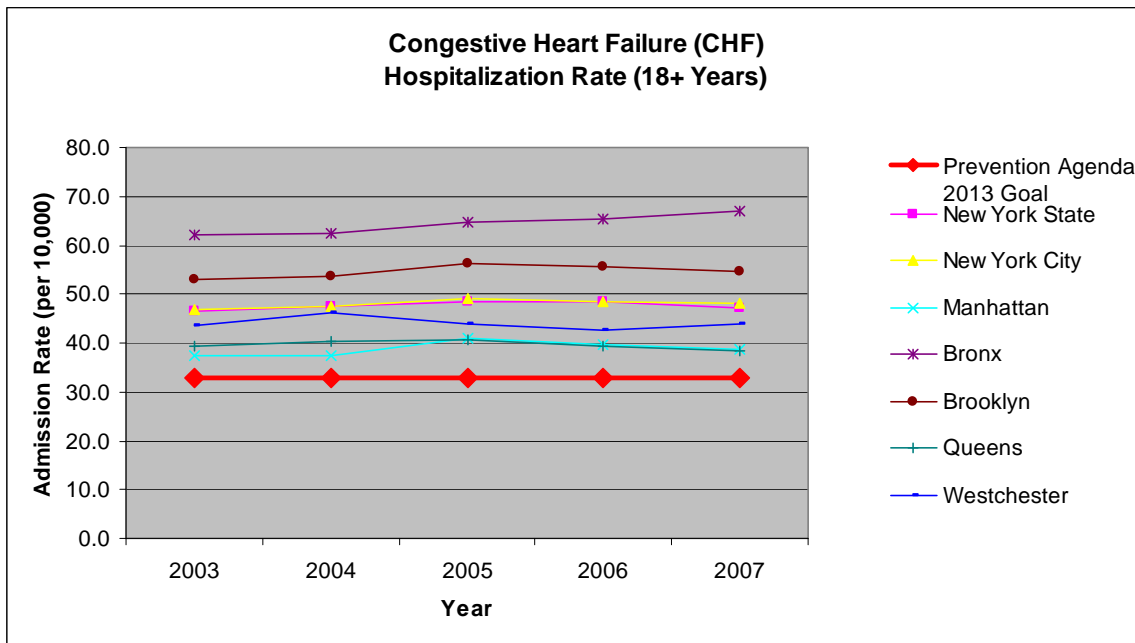
Source: New York City Department of Health and Mental Hygiene, Summary of Vital Statistics 2007

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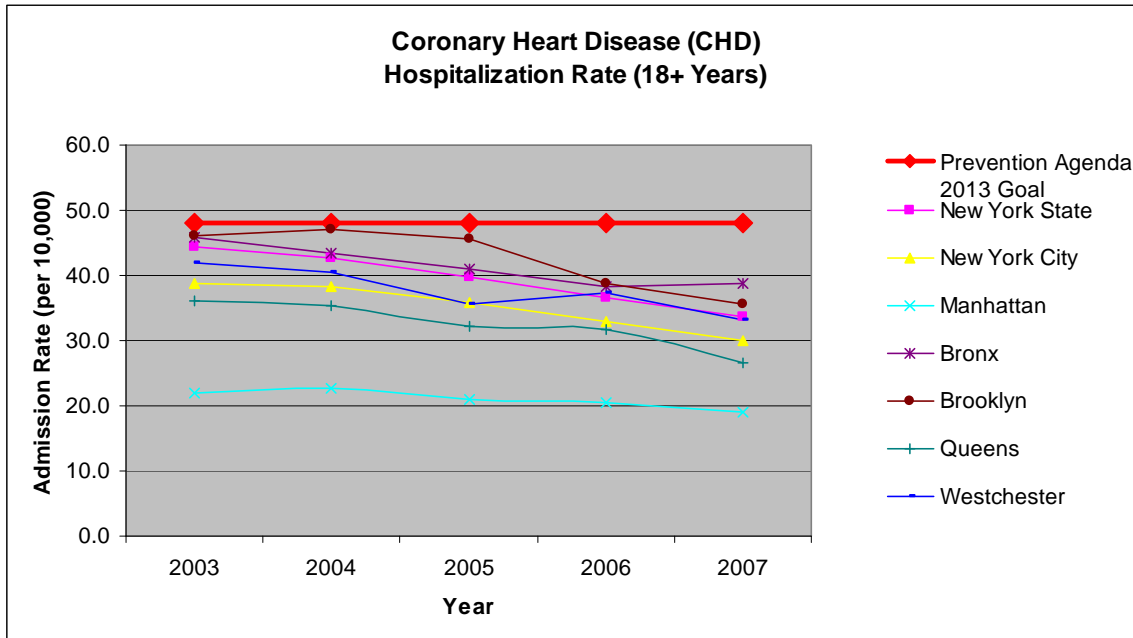
Leading Causes of Death in Westchester County, 2007		
	No. of Deaths	% of All Deaths
All Causes	6,803	100
Heart disease	2,235	32.9
Cancer	1,676	24.6
Chronic Lower Respiratory disease	313	4.6
Cerebrovascular disease	310	4.5
Accidents	201	3.0

Source: NYSDOH, Vital Statistics of New York State, 2007.

Heart disease hospitalizations for congestive heart failure (CHF) demonstrate that much needs to be done. The figures below demonstrate that hospitalizations for adult residents (18 years and over) in the service area are greater than that of the State and City and far higher than the Prevention Agenda 2013 goal of 33%.



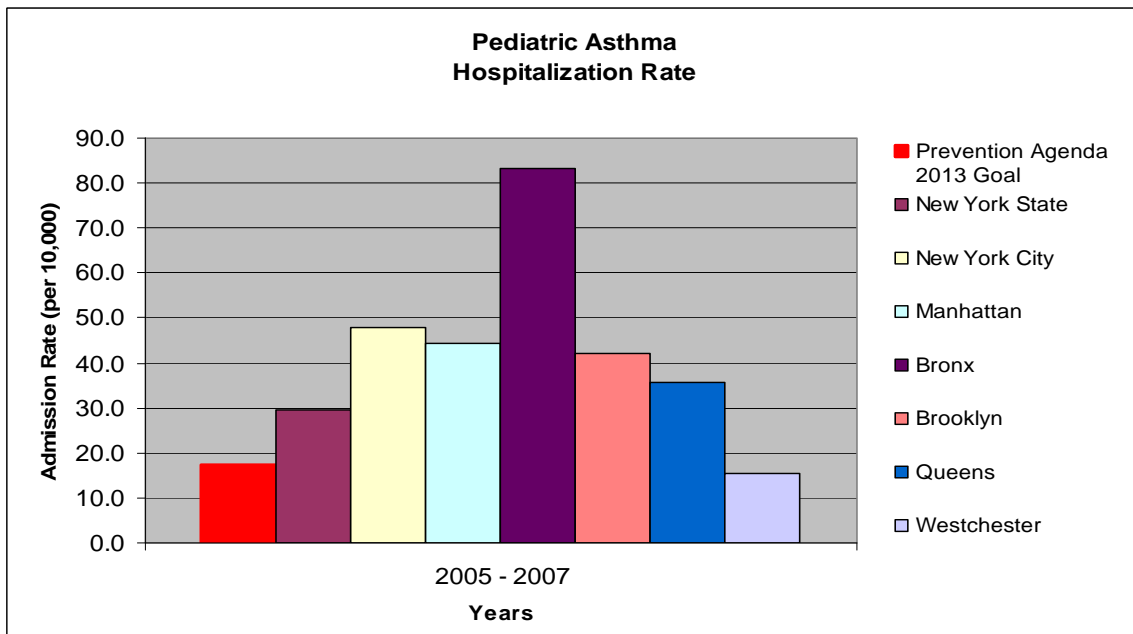
Source: NY Statewide Planning & Research Cooperative System (SPARCS) - Hospital Discharge Data



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

Asthma

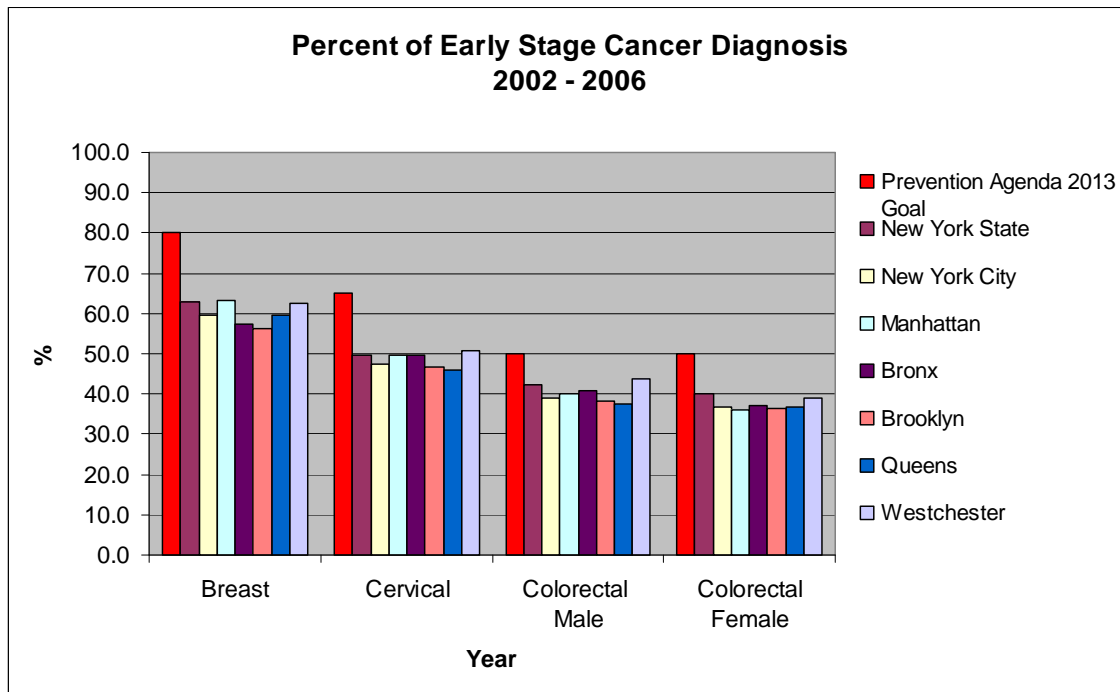
According to the NYCDOHMH, New York City children are hardest hit by asthma and asthma-related hospitalization. Asthma among children is the leading cause of missed school for children age 14 and younger. With the exception of Westchester County, asthma hospitalization rates are far higher in the New York-Presbyterian service area, when compared to New York State and the Prevention Agenda’s 2013 goal. The hardest hit County for asthma hospitalizations is the Bronx with a rate of 83.3 per 10,000.



Source: New York State Department of Health County Health Indicator Profiles, 2003 - 2007

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 NewYork-Presbyterian’s service area, who face 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.



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

3. Community Preparedness

Input from most of the public participation venues indicated a strong concern and worry over community preparedness issues. These concerns were repeatedly expressed at the following public venues: NewYork-Presbyterian Community Health Advisory Council, the NewYork-Presbyterian/Weill Cornell Community Advisory Board, and the NewYork-Presbyterian/Allen Hospital Community Task Force and the WH/I Emergency Preparedness Task Force. These concerns have been given impetus by fears of bio-terrorism and pandemics as illustrated by the H1N1 virus.

V. THREE (3) YEAR PLAN OF ACTION

The NewYork-Presbyterian Community Health Model provides a framework for identifying the health needs of NewYork-Presbyterian’s service area 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 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 outcomes. Most importantly, this is a collaborative model that brings together the Hospital, the community, and all other stake holders in the improvement of health.

The NewYork-Presbyterian Community Health Model will be used to address the three chosen Prevention Agenda Priorities:

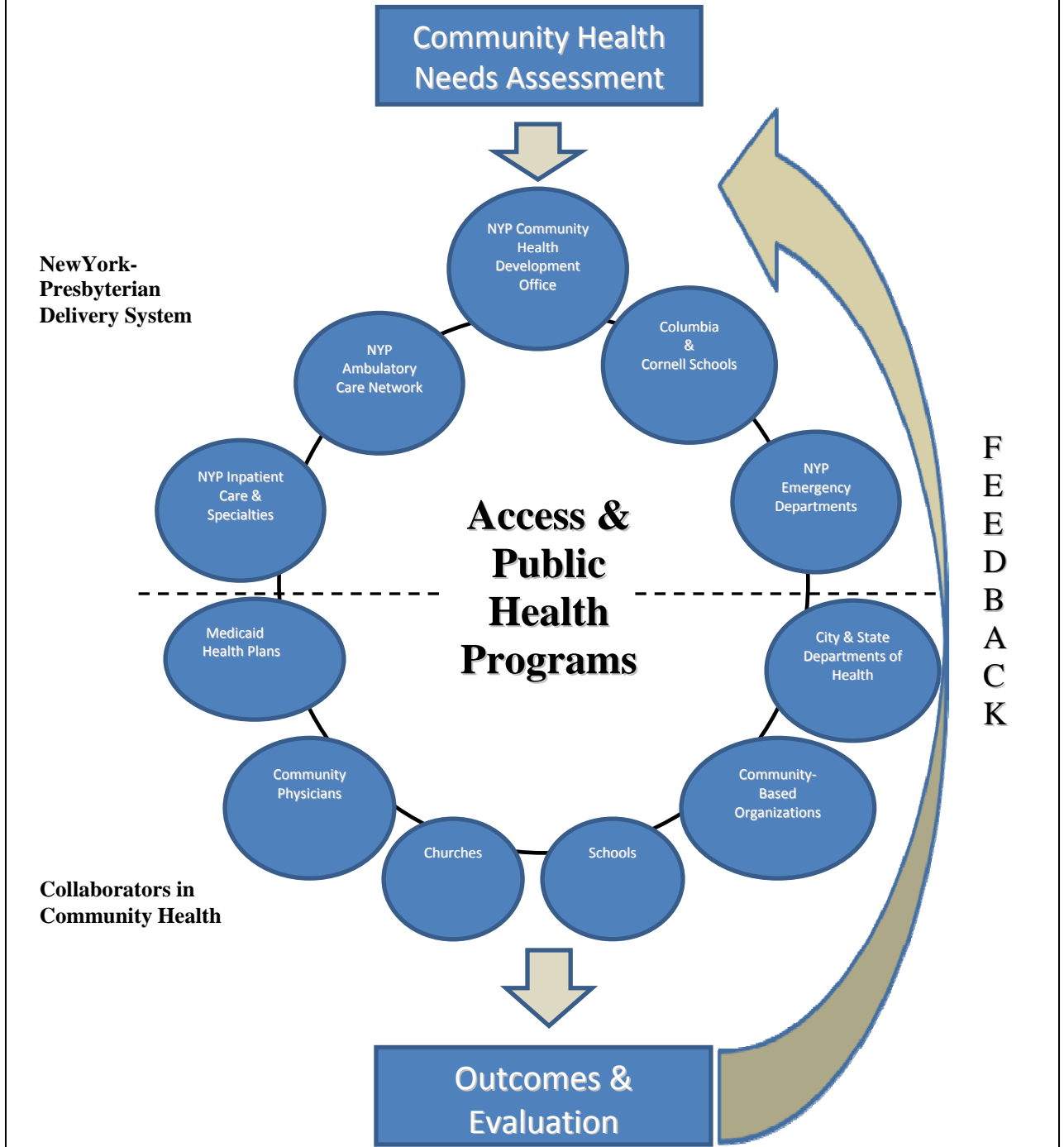
1. Access to Quality Healthcare
2. Chronic Disease
3. Community Preparedness

The Community Health 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 Community Health Model has evolved as NewYork-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 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 Community Health Model has crystallized and now serves to guide NewYork-Presbyterian in its community health development. Below is a graphical representation of the model:

New York-Presbyterian Community Health Model



In 2008, following the principles and methodology of the NewYork-Presbyterian Community Health Model, NewYork-Presbyterian launched the Washington Heights/Inwood Initiative. This initiative is intended to address two of the New York State DOH Prevention Agenda Priorities adopted by NewYork-Presbyterian. The Washington Heights/Inwood Initiative aims to improve health access and reduce the burden of chronic disease in the service area covered by three of NewYork-Presbyterian's facilities: the Milstein Hospital Building at NewYork-Presbyterian/Columbia, NewYork-Presbyterian/Allen, and the Morgan Stanley Children's Hospital. The planning for this Initiative began in October 2008. Implementation will begin in October 2009 and will continue for three years through the end of October 2012.

The Washington Heights/Inwood Initiative: Healthcare Access Improvement and Chronic Disease Prevention and Management

During Phase I, from October 2008 to May 2009, NewYork-Presbyterian completed a health needs assessment that was an update of the 2006 study discussed in Section IV and, based on the findings, we identified healthcare access and chronic disease prevention and management as the leading health issues. One hundred and forty participants from the Hospital, the University, and all of the disciplines represented by NewYork-Presbyterian engaged in a seven month planning process and generated a series of preliminary recommendations to tackle chronic diseases and reduce the three major types of healthcare access barriers: (1) insurance and ability to pay, (2) internal and external structural barriers; and (3) cognitive barriers, such as knowledge and communication.

In order to accomplish two of DOH's Prevention Priorities of improved healthcare access and better management and control of chronic diseases, NewYork-Presbyterian and its collaborators have identified the following five objectives:

- Promote access to and utilization of a primary care provider or, preferably, a medical home for all members of the community;
- Enhance disease prevention and management programs in targeted areas;
- Deliver culturally competent medical care in the clinically appropriate setting;
- Explore and provide education regarding coverage issues applicable to community residents; and
- Link service to educational and research mission of Columbia University.

In Phase II of the program, which began in June 2009, the 140 multidisciplinary Initiative participants worked to refine the structural analysis and expand into programmatic recommendations. The NewYork-Presbyterian Community Health Advisory Council provided counsel and guidance, and the community physicians participated in the planning and analysis process. This work was conducted by seven workgroups. The seven groups have identified important areas for intervention and development over the three-year period of October 2009 through the end of October 2012:

- Medical Home and Care Access – The Medical Home model was adopted as an efficient and effective means to improve access by building primary care while better managing the patient flow in the Emergency Department and the specialty clinics.

- Disease Prevention and Management – Case Management of chronic diseases has been chosen as an important tool to combat chronic diseases, particularly diabetes, heart disease and asthma. Obesity has been chosen as a target for intervention by both NewYork-Presbyterian and Columbia University.
- Cultural Competency – Skills-based training in cross-cultural communication, language access, and health literacy strategies should be provided in all of the ambulatory clinics and emergency departments.
- Insurance Access - Education and outreach must be conducted throughout the community to reduce EPHINE and promote greater insurance coverage.
- Independent Community Physicians – Aim to provide Community physicians with better access to the necessary patient-specific clinical information that supports safe and effective transitions of care.
- Information Technology - IT solutions will be explored in order to facilitate both access improvement and chronic disease management.
- Financing Options – The cost and funding opportunities to accomplish all of the above will be studied in depth.

The Emergency Management Sub-Committee of the Environment of Care Program at NewYork-Presbyterian Hospital

In addition to the work of the Washington Heights/Inwood Initiative, NewYork-Presbyterian has launched the community preparedness initiative, which serves the entire NewYork-Presbyterian service area and addresses a third DOH Prevention Agenda Priority. This Emergency Preparedness Initiative is a multiyear effort that is also iterative and is framed by the community's need and ongoing evaluation.

The objective of the Emergency Management Sub-Committee of the Environment of Care Program at NewYork-Presbyterian is to proactively ensure effective community preparedness throughout New York-Presbyterian Hospital. Emergency Medicine and Management professionals from all five NewYork-Presbyterian campus sites, covering the entire NewYork-Presbyterian service area constitute the Committee, and the group respectively divides the responsibility for all emergency management and community preparedness initiatives across these five campuses. The Sub-Committee also dedicates efforts to develop, manage and drill emergency operations that may be implemented in certain emergency situations.

In addition, the Sub-Committee discusses and tracks significant events to ensure appropriate follow up and long term solutions are put into place. The Sub-Committee is one of the nine Environment of Care Council Sub-Committees and makes regular reports to this oversight body to ensure a consistent environment of care program is carried out across all NewYork-Presbyterian campuses. Some of the major objectives the Sub-Committee will focus on include, but are not limited to:

The Six Critical Areas for Emergency Management as identified by the Joint Commission:

1. Communication
2. Resources and Assets

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3. Safety and Security
4. Staff Responsibilities
5. Utilities Management
6. Patient Clinical and Support Activities

Scope - The Emergency Management Sub-Committee is responsible for all matters related to organizational preparedness, and emergency incident mitigation, response, and recovery for all campuses of NewYork-Presbyterian which serve the entire service area. The five Emergency Preparedness Coordinators (EPCs) of the five site-specific Emergency Management programs report monthly to the Emergency Management Sub-Committee with updates from their campuses. The scope of this plan is inclusive of all of the NewYork-Presbyterian Hospital sites.

2008 Community Service Activities

During 2008, NewYork-Presbyterian conducted a wide variety of activities that support the three Prevention Agenda Priorities: Access to Healthcare, chronic disease and community preparedness. 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). NewYork-Presbyterian also conducted many health promotion and disease prevention activities that addressed the following **chronic diseases**: diabetes and obesity, cardiovascular disease, asthma, and cancer. **Community preparedness** activities ranged from flu shot programs to extensive emergency medical services activities, conducted in coordination with the City of New York.

Outline of Three (3) Year Action Plan

In order to achieve its health improvement goals, NewYork-Presbyterian has formulated the following three year action plan:

2008 Community Service Plan Three Year Comprehensive Report

Prevention Agenda Priorities	2009	2010	2011
Access to Quality Healthcare	<ul style="list-style-type: none"> - Adopt Patient Centered Medical Homes as a model for improved access - Identify gaps required to meet Level 2 NCQA Recognition for NYP/ACN clinics - Develop measures to benchmark Medical Homes (e.g. Transitions of Care, PQRI, PQI, readmissions) - Provide preliminary specifications for an NYP/ACN patient Call Center design - Develop plan to facilitate Medical Home access from NYP ED - Develop educational programs with community partners and contracted health plans regarding insurance coverage - Together with community physicians, develop an IT strategy in an effort to improve their access to the necessary patient-specific clinical information - Develop a Forum for collaboration with Independent Community Physicians on access and quality of care - Complete NYP/Allen Hospital pilot of community physician “Care Connect” ED visit notification program - Explore how to adapt the Personal Health Record, myNYP.org, for use by the NYP populations served by Medicaid in collaboration with Microsoft, Inc. and NYSDOH 	<ul style="list-style-type: none"> - Implement plan for Level 2 NCQA Recognition for NYP/ACN clinics - Identify gaps required to meet Level 3 NCQA Recognition - Establish a Medical Home Quality Forum in collaboration with Independent Community Physicians - Ongoing collecting of measures on Medical Home performance - Implement NYP/ACN Call Center - Develop and pilot various models to improve specialty care access - Implement program for providers and patient insurance enrollment and outreach - Expand community physician “Care Connect” ED visit notification program to other NYP facilities - Begin implementation of community physician IT strategy - Seek the necessary resources for implementation of the NYP Personal Health Record adaptation 	<ul style="list-style-type: none"> - Implement plan for Level 3 NCQA Recognition for NYP/ACN clinics - Call center fully operational - Ongoing collection of measures on Medical Home performance - Specialty access improvement plans fully operational - Evaluate specialty access improvement plans - Complete implementation of community physician IT strategy - Pilot the Personal Health Record, myNYP.org, for use by the New York- Presbyterian populations served by Medicaid in collaboration with Microsoft, Inc. and NYSDOH

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Prevention Agenda Priorities	2009	2010	2011
Chronic Disease	<ul style="list-style-type: none"> - Design plans of care around chronic disease management - Develop care coordination job descriptions for the NYP/ACN - Develop a Diabetes and Pediatric Asthma Disease Management program to pilot at the ACN clinics; collaborate with VNSNY - Specify Information Technology (IT) needs for the Diabetes and Pediatric Asthma pilots - Identify Cultural Competence language and health literacy skills-based training for the New York-Presbyterian Emergency Department and the NYP/ACN - Identify health literacy tools - Begin to plan an obesity prevention campaign for WH/I in collaboration with Columbia University, NYCDOHMH, NYSDOH, Community-based organizations, schools and churches 	<ul style="list-style-type: none"> - Implement the Diabetes and Pediatric Asthma Disease Management program pilot at the NYP/ACN clinics - Expand the planning of disease prevention and management programs to include Cardiovascular disease (CHF, Hypertension, CAD) - Plan Adolescent Depression program in collaboration with Westchester Division - Complete planning as above and begin implementation of pilot Adolescent Depression Program - Complete planning of obesity prevention program and begin implementation - Begin planning obesity prevention program for the rest of NYP service area 	<ul style="list-style-type: none"> - Evaluate and assess community health status, patient success in disease self-management and address needed modification to established Chronic Disease programs. - Expand annual training and new staff orientation to include Cultural Competence training. - Complete the implementation of the obesity prevention program for WH/I - Begin implementation of obesity prevention program for the rest of NYP service area - Develop Spanish language media campaign targeting obesity in collaboration with all collaborators.

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Prevention Agenda Priorities	- 2009	- 2010	- 2011
Community Preparedness	<ul style="list-style-type: none"> - Design a pandemic plan in conjunction with Community Boards 8 and 12, and CERT team - Convene WH/I Community Emergency Preparedness Task Force - Present NYP community preparedness plans and activities to Community Advisory committees - Develop Mass Fatality Management Plans for NYP/Weill Cornell, NYP/Columbia, Morgan Stanley Children’s Hospital and the Allen Hospital - Continue to work on updated evacuation plans for NYP/Weill Cornell, NYP/Columbia, Morgan Stanley Children’s Hospital and the Allen Hospital - Quarterly blood drives at each of the NYP campuses - Develop H1N1 Community Task Force including NYCDOHMH, NYPD, FDNY, Port Authority, Community Boards/CERT teams, schools, universities, and other community organizations - Develop a collaborative community preparedness infrastructure with community stakeholders - Create community outreach efforts through local CBO’s and governmental agencies - Identify community resources, and methods of notification - Enhance communication between NYP incident command and the community 	<ul style="list-style-type: none"> - Quarterly blood drives at each of the NewYork-Presbyterian campuses - Continue Task Force discussions and planning - Conduct educational workshops and lectures - Design and implement emergency preparedness tabletop drills collaboratively with stakeholders - Evaluate strategies 	<ul style="list-style-type: none"> - Quarterly blood drives at each of the NewYork-Presbyterian campuses - Continue Task Force discussions and planning - Conduct additional and ongoing educational workshops and lectures - Expand tabletop drills - Evaluate program

**VI. 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. Outlined below are highlights of the provisions of New York-Presbyterian's Financial Aid program:

Eligibility

- Although only obligated to offer assistance to patients with incomes less than 300% of the Federal Poverty Level (FPL), under New York-Presbyterian's policy, any qualified patient residing in New York State who seeks emergency care, or any qualified patient who resides in the New York-Presbyterian Charity Care service area who seeks medically necessary non-emergency care, and have incomes less than 400% of the Federal Poverty Level are eligible for Charity Care.
- The Charity Care service area for the New York-Presbyterian/Columbia (including Morgan Stanley Children's Hospital of New York-Presbyterian), New York-Presbyterian/Weill Cornell and New York-Presbyterian/Allen are 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 is the counties of Westchester, Bronx, Orange, Putnam and Rockland.
- New York-Presbyterian will 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 a specific unit for consistency in implementation of the program.
- New York-Presbyterian employs credit reporting software to determine eligibility on a presumptive basis for patients who fail to apply but may qualify for financial aid.

Medicaid or Public Insurance Plans

- New York-Presbyterian has a patient advocacy program through which patients without insurance are interviewed to determine if they may be eligible for coverage and, if not, the application process for public assistance is initiated where appropriate.
- Inpatients without insurance that may be eligible are interviewed by staff; outpatients receive information informing them how to request assistance.

Financial Aid Summary: A Financial Aid Summary that explains New York-Presbyterian 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: New York-Presbyterian allows 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 NewYork-Presbyterian policies and procedures, including the Financial Aid Policy.

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

- Financial summaries are being handed to all patients.
- Hospital staff 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

NewYork-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 NewYork-Presbyterian’s Community Service Plan occurs through NewYork-Presbyterian/Columbia University Medical Center Community Health Council, the NewYork-Presbyterian/Weill Cornell Medical Center Community Advisory Board, and the NewYork-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 **2008 Community Service Plan** by visiting NewYork-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

NEWYORK-PRESBYTERIAN/WEILL CORNELL (212) 821-0560

NEWYORK-PRESBYTERIAN /COLUMBIA (212) 305-5587

NEWYORK-PRESBYTERIAN/WESTCHESTER (914) 997-5779

OFFICE OF REGULATORY PLANNING & POLICY DEVELOPMENT
(212) 746-7901

VIII. FINANCIAL STATEMENT

NewYork-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 and underinsured.

NewYork-Presbyterian provides quality medical care regardless of race, creed, sex, sexual orientation, national origin, handicap, age, or ability to pay. Although reimbursement for services rendered is critical to the operations and stability of the Hospital, NewYork-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, which is an area of emphasis for not-for-profit healthcare providers. The costs of uncompensated care and community benefit activities are estimated based on 2007 and 2008 data, subject to changes in estimates upon the finalization of the Hospital’s cost report and other government filings.

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

	2008	2007
Charity care, at cost, and means-tested programs	\$151,931	\$131,959
Other community benefit	188,477	178,984
	\$340,408	\$310,943

In addition, the Hospital provides healthcare to the Medicare patient population that generated shortfalls of \$78 million for 2008 and \$75 million for 2007.

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: Herbert Pardes, M.D.
Title: President and Chief Executive Officer

CSP Contact Person: William A. Polf, Ph.D.
Title: Senior Vice President, External Relations
Phone: (212) 305-4223
Fax: (212) 212-342-5265
Email: polfwil@nyp.org

CSP Contact Person: J. Emilio Carrillo, M.D.
Title: Vice President, Community Health Development
Phone: (212) 297-5514
Fax: (212) 297-4239
Email: ecarrill@nyp.org

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X. APPENDICES

APPENDIX I

NewYork-Presbyterian Service Area Demographics

Table 2.1 Total Population Distribution									
Age	2007 Estimated			2012 Projected			2007-2012 (%Change)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
<18	1,009,818	1,055,335	2,065,153	1,010,618	1,060,424	2,071,042	0.08%	0.48%	0.29%
18-44	1,751,267	1,685,610	3,436,877	1,630,259	1,590,020	3,220,279	-6.91%	-	-
45-64	1,123,749	980,164	2,103,913	1,199,361	1,073,355	2,272,716	6.73%	9.51%	8.02%
65plus	665,560	423,931	1,089,491	712,759	458,076	1,170,835	7.09%	8.05%	7.47%
Total	4,550,394	4,145,040	8,695,434	4,552,997	4,181,875	8,734,872	0.06%	0.89%	0.45%

Source: Claritas, 2008

Table 2.2 Population by Race/Ethnicity						
Race	Estimated 2007		Projected 2012		2007-2012 (% Change)	
White	3,885,434	44.7%	3,822,610	43.8%	-62,824	-1.62%
Asian	927,788	10.7%	1,019,245	11.7%	91,457	9.86%
African American	2,169,634	25.0%	2,093,294	24.0%	-76,340	-3.52%
Native American	44,680	0.5%	45,757	0.5%	1,077	2.41%
Other¹	1,667,898	19.2%	1,753,966	20.1%	86,068	5.16%
TOTAL	8,695,434	100.0%	8,734,872	100.0%	39,438	0.45%
Ethnicity						
Hispanic	2,382,781	27.4%	2,453,618	28.1%	70,837	2.97%
Non-Hispanic	6,312,653	72.6%	6,281,254	71.9%	-31,399	-0.50%
TOTAL	8,695,434	100.0%	8,734,872	100.0%	39,438	0.45%

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

Source: Claritas, 2008

APPENDIX 2

2008 COMMUNITY SERVICE ACTIVITIES

1. Access to Quality Healthcare

- **School-Based Health Centers (SBHCs)** – The 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 seven Northern Manhattan high schools and intermediate schools. The school programs are at George Washington High School and Intermediate Schools 52, 143, and 164 in Washington Heights; the former IS 136 site in Central Harlem that now contains three mini-schools for grades 7-12; and two Central Harlem schools where NewYork-Presbyterian opened new SBHCs this year: Thurgood Marshall Academy and Promise Academy. The Promise Academy SBHC is operated in collaboration with the Children’s Health Fund. All services are free of charge to the patient. For many adolescents, the SBHCs meet needs that would otherwise be unaddressed. The SBHCs are open year-round, Monday through Friday, 8:00 a.m. to 4:30 p.m.

- **Taxi Drivers Health Fair** – In collaboration with the Ambulatory Care Network, Community Board 12, the United Drivers Group and the NewYork-Presbyterian Community Health Plan, NewYork-Presbyterian/Columbia sponsors an annual health fair dedicated to the health of local livery taxi cab drivers in Washington Heights/Inwood and the immediately adjacent Bronx areas. The fair targets many uninsured and underinsured taxi drivers who are provided with health information and screenings, including vision and free prescription eyeglasses, HIV testing and health insurance eligibility screening/enrollment. The 2008 health fair was attended by approximately 500 people and services were expanded to include prostate screenings by physicians from NewYork-Presbyterian/Columbia’s Urology Department.

- **Salud A Su Alcance - Pharmacy Assistance Program (SASA-PAP)** – SASA-PAP assists medically underserved patients and safety net providers in facilitating access to affordable pharmaceuticals donated by pharmaceutical companies. To date, SASA-PAP’s total procurement of 9,257 prescriptions is valued at over \$3.5 million. In addition to the ACN clinics, SASA-PAP has been serving the Cardiology and Oncology communities at NewYork-Presbyterian/Columbia’s Milstein Hospital building and the federally qualified health centers of New York City. In collaboration with the New York City Department of Health and Mental Hygiene, SASA-PAP has developed NYCRx, an innovative program to expand access to medicines for the nearly three million uninsured and underinsured New Yorkers. NYCRx is creating a practical system for New York’s safety net providers to get medicines to their outpatients at a much lower cost through the Federal 340B drug discount program. SASA-PAP continues to expand to health centers in the Bronx, Brooklyn and the Lower East Side.

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- ***Community Physician Outreach Program*** - NewYork-Presbyterian Community Physician Outreach Program's mission is to provide a link to physicians from full time independent practices in the Northern Manhattan, Washington Heights, Inwood and neighboring Bronx communities. The program's outreach coordinator serves as the key liaison for the community physicians and assists with all aspects of their interaction with the NewYork-Presbyterian/Columbia campus. This includes access to Hospital services, meeting space, CME conferences, as well as meetings with Hospital leadership. Part of the program's mission also includes integrating foreign trained physicians who are studying for their American licensing boards. The outreach has resulted in building collaborations with more than 170 community physicians.

- ***Interpreter Services*** - In 2008, the breadth and scope of NewYork-Presbyterian's medical interpreting program continued to expand. Interpretation assistance was provided to our patients more than 211,000 times, in more than 95 languages. This is an increase in utilization and also in the diversity of languages provided. NewYork-Presbyterian's annual budget commitment to this program exceeded \$3.1 million dollars for the year. The Limited English Proficiency Committee continues to conduct its annual assessment and implements an annual action plan. This includes providing ongoing education to staff about our commitments to providing language assistance and how to access interpreters, as well as providing descriptions of the various projects geared to improve services and assess program quality. NewYork-Presbyterian also sponsored its third annual conference on medical interpreting in October at the Morgan Stanley Children's Hospital. This successful conference drew more than 150 people from across the Tri-State region. The event was also attended by the Hospital's President and CEO, representatives from The Joint Commission and more than 30 area healthcare institutions.

- ***Volunteer Services*** – In 2008, NewYork-Presbyterian's Volunteer Program, one of the largest in New York City, continued its rapid expansion. More than 2,300 volunteers provided approximately 241,856 hours of service in a wide array of roles at all NewYork-Presbyterian sites. This was an increase of more than 25,000 hours from the previous year. Volunteers play a key role in the organization's efforts to improve patient satisfaction. They provide support to staff in their work and increase the operational efficiency and effectiveness of units and departments across NewYork-Presbyterian. During the year, new programs were created to provide support for family caregivers of patients in NewYork-Presbyterian, as well as new volunteer-driven patient companion programs in our neurology and oncology units at both the NewYork-Presbyterian/Weill Cornell and NewYork-Presbyterian/Columbia campuses. In addition, we saw strong expansion of our pet therapy, domestic violence, and other programs, as well as the emergency department.

- ***Lecture Series and Community Outreach*** – NewYork-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 2008, an average of 55 community residents attended each lecture. In addition, the Community Outreach

department sponsored several free community screening days for eating disorders, alcoholism and depression. The department also participated in several 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 was approximately 1,060.

- ***Community Update Newsletter*** – NewYork-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 2008, more than 38,000 copies of the newsletter were distributed throughout the community.

- ***Center for Children’s Health Advocacy*** – The Morgan Stanley Children’s Hospital, in collaboration with the Komansky Center for Children’s Health at NewYork-Presbyterian/Weill Cornell, formed the Center for Children’s Health Advocacy. The mission of this Center is to bring together community-based organizations, healthcare professionals, families, institutions, educators, researchers and corporations to better understand the issues affecting the health and welfare of children, and to advance and shape policies and programs for positive change. The Center supports the development of strategies to improve the health status of all children. A core multidisciplinary team has been organized to lead these efforts and is focusing on developing initiatives in the following areas: preventing childhood obesity; improving healthcare access; injury prevention; and education and youth development. In 2008, approximately 200 people from the community, elected officials, and NewYork-Presbyterian staff attended a town hall meeting hosted by the Center in support of the State Children’s Health Insurance Program (SCHIP) reauthorization. This event was held in collaboration with the National Association of Children's Hospitals.

- ***NewYork-Presbyterian Community Health Plan (NYPCHP)*** – NYPCHP provided free and/or low-cost health insurance for low-income families throughout New York, Brooklyn, Queens and the Bronx. In 2008, there were more than 107,000 individuals receiving medical coverage from this plan. In order to increase access to healthcare for the uninsured and underinsured, the Health Plan’s community outreach team implemented a number of collaborative community outreach initiatives and community programs.
 - ***Bodeguero's Health Fair*** - NYPCHP 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, and diabetes, cholesterol and blood pressure screenings to approximately 200 attendees. In addition, health educators were available on site to assist and provide participants with health-related literature and information.

- **Washington Heights Children’s Festival** - NYPCHP sponsored this annual event, at which community health information and materials were distributed to the community on nutrition, diabetes and asthma.
- **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. In collaboration with the ACN Community Outreach department and Morgan Stanley Children’s Hospital, ROR hosted an annual health literary fair on May 31, 2008 at the Morgan Stanley Children’s Hospital’s Wintergarden. During the weeks prior to the event, toddlers from local early childhood Head Start programs and 1st and 2nd Graders from local elementary schools were invited to create personalized books at school. In addition, during 2008, ROR distributed 15,638 developmentally and culturally appropriate books to children aged 6 months to 6 years at the ACN. ROR trained 21 volunteers in early childhood development and the ROR model. Volunteers contributed over 450 hours of service in the clinic waiting rooms, reading to the children and conducting literacy activities.

2. Chronic Disease

Diabetes

- **Building Bridges, Building Knowledge, and Building Health Coalition (BBKH)** – BBKH is a collaborative comprised of faith-based organizations, community-based organizations, academic institutions, and academic medical centers. This collaborative coalition has been serving the low-income, underserved population of New York City for many years. The mission of the coalition is to advocate for and improve the quality of life, as well as reduce racial-ethnic health disparities of low-income residents living in Northern Manhattan and/or the South Bronx. This mission is accomplished through the joint study of community health needs and the development of community-specific interventions designed to overcome barriers to healthcare. During 2008, BBKH worked with the Cornell Internal Medical Associates Clinic to provide screening services to community residents for diabetes. Those identified were referred for appropriate case management.
- **Day of Hope** – The 4th Annual Day of Hope hosted by NewYork-Presbyterian and the Building Bridges, Building Knowledge, Building Health Coalition was held in August 2008 on 115th Street in East Harlem. Various NewYork-Presbyterian/Weill Cornell health providers participated in this event and provided screening for more than 1,000 attendees from the surrounding area. Health screenings were provided by NewYork-Presbyterian’s Ambulatory Care Network (ACN) nursing staff in collaboration with Pfizer Pharmaceuticals and Health Education Counseling.
- **Faith-Based Community Health Nursing** – The goal of this program is to develop a health ministry that stimulates and builds cooperative networks that are dedicated to improving the health and social well-being of their congregations and the community at large. This program is conducted by two NewYork-Presbyterian nurses who

specialize in faith-based community health nursing. During 2008, the program developed and trained community health outreach workers from four Faith-Based Organizations. In addition, the program, in collaboration with the BBKH coalition and NewYork-Presbyterian, sponsored six “Diabetes Jazz Sundays” during the 2008 spring and summer months. The events, attended by approximately 300 community residents in total, provided health screenings, and discussions over lunch about diabetes prevention and healthy lifestyle. Participants were entertained with live jazz music.

- ***Healthy Schools, Healthy Families*** – 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 community-based, local government, public, and private organizations in conjunction with NewYork-Presbyterian/Columbia and NewYork-Presbyterian/Weill Cornell. The HSHF program was initiated in September 2004 and is currently associated with seven 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 5,000 children and focuses on addressing high risk behaviors and chronic health conditions by helping children obtain health insurance, and get their immunizations and health screenings.

Heart Disease

- ***Family PASSPORT to Heart Health*** – For the past several years, the Preventive Cardiology Program has been providing free heart disease risk factor screenings and education to family members of patients with cardiovascular disease. Through NHI funding, these efforts have expanded the efficacy of the screening program that allows us to follow screened participants for one year and monitor their risk factor status. The goal is to validate that the efforts made to educate the community have the desired impact of risk reduction, and essentially to provide high quality care to those in the community and at risk.
- ***Community Outreach*** – The Preventive Cardiology Program at NewYork-Presbyterian/Columbia has organized and/or participated in local and national cardiovascular disease screenings and outreach programs for thousands of individuals. They participate in several programs, including Harlem Hospital Outreach, Vascular Screening Day, National Women’s Heart Day, and numerous other NewYork-Presbyterian outreach programs. The program also created public educational materials in English and Spanish through foundation and industry grants.
- ***Heart Health Times Newsletter and Website*** – NewYork-Presbyterian’s www.healthhearttimes.com website was created in 2006 to improve services and information available to the community. There is a prevention services directory to help patients locate preventive services in the System and a list of free cardiovascular screening and education events that is updated regularly. The website attracts more than 1,000 unique visitors monthly.

- ***Vascular Disease Screening*** – The Division of Vascular Surgery and the Department of Cardiology at NewYork-Presbyterian/Columbia held free vascular disease screenings at the NewYork-Presbyterian/Weill Cornell and NewYork-Presbyterian/Columbia campuses. Screenings were conducted using Carotid Duplex (Carotid Artery Ultrasound Scan) Abdominal Duplex (Aorta Ultrasound Scan) and Ankle Brachial Index (Test of blood flow in the legs). Participants also receive general cardiovascular counseling, including smoking cessation, education on diabetes, hypertension, high cholesterol, nutrition and exercise. On October 18, 2008, of the 29 individuals screened at NewYork-Presbyterian/Weill Cornell, there were 2 abnormal findings with follow-up care. At NewYork-Presbyterian/Columbia, 3 of the 21 participants screened required follow-up care.
- ***Isabella "Fall into Health" Fair 2008*** - Isabella Nursing Home and NewYork-Presbyterian Hospital/Columbia University Medical Center have a collaborative relationship. The faculty from the Division of Vascular Surgery has built a strong collaboration in vascular patient care with the faculty and staff of Isabella. They participated in the Isabella 5th Annual Fall into Health Fair by providing free vascular screening for Peripheral Arterial Disease (PAD). This Fair served more than 300 community members providing free medical screenings and education at their facility at 515 Audubon Avenue in Washington Heights. Follow-up appointments were made for the participants diagnosed with the disease.

Asthma

- ***Washington Heights/Inwood Network (WIN)*** – Created in December 2005, Washington Heights/Inwood Network for Asthma of NewYork-Presbyterian is a 4-year 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. Over the course of 2008, community health workers have enrolled nearly 200 families, who were environmentally assessed, and are provided with asthma related education and support. In addition, during this same time, WIN trained and supported 234 community physicians.
- ***Translational Behavioral Science Research Consortium*** – The Center for Complementary and Integrative Medicine at NewYork-Presbyterian/Weill Cornell continues to receive funding support from the National Heart, Lung and Blood Institute for the Cornell Translational Behavioral Science Research Consortium. The Consortium supports three initial projects that investigate how increased self affirmation leads to increased multiple behavior changes among patients who have had angioplasty for coronary artery disease, increased physical activity in patients with asthma, and increased medication adherence in African American and Latino hypertensive patients.

Cancer

- **Cancer Screening Program** – The Cancer Screening Program at NewYork-Presbyterian/Columbia’s Herbert Irving Cancer Center, funded by the New York State Department of Health and the Centers for Disease Control and Prevention, provides breast, cervical and colorectal 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 NewYork-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.
- **Breast Cancer Awareness Month** – During 2008, the Avon Foundation Breast Imaging Center at NewYork-Presbyterian/Columbia provided mammograms and PAP tests to eligible patients throughout the year by appointment and on three free screening days in April and October. In addition, 500 uninsured or underinsured women were screened by way of a mobile screening program, which travels to community health centers, churches, and senior centers to offer free walk-in screenings.
- **Colorectal Cancer Prevention** – The Colorectal Cancer Screening Program at NewYork-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.
- **Oral Cancer** - Faculty members of the Columbia University School of Dentistry screened 30 participants in their annual free oral cancer screening day. NewYork-Presbyterian employees participated in an annual Oral Cancer Walk to increase awareness on oral health and the risk associated with oral cancer.
- **Skin Cancer** – The Department of Dermatology on both the NewYork-Presbyterian/Columbia and NewYork-Presbyterian/Weill Cornell campuses, conducted its annual free skin cancer screening in May 2008. The event drew participants from the surrounding area. Approximately 400 people were screened and referrals were made for follow-up and more comprehensive testing.

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- ***Prostate Cancer – The “US TOO!”*** Prostate cancer support group met throughout the year, on a monthly basis, at NewYork-Presbyterian/Allen and NewYork-Presbyterian/Weill Cornell. This group provides education through lectures from experts in the field and support for men who are newly-diagnosed and undergoing treatment. Family members and friends are welcome to attend these meetings as well. During 2008, the group conducted its second annual free prostate cancer screening. More than 100 community residents were screened for prostate cancer.
- ***Pancreatic Cancer Awareness Day*** – Pancreatic Cancer Awareness Day at NewYork-Presbyterian/Columbia is an important patient education program that addresses the latest information on screening, early detection, surgical and medical treatment options, as well as available sources of psychosocial support. The goal of the day is to provide a forum for patients and their families to meet the Pancreas Center’s multi-disciplinary team.
- ***Women At Risk (WAR)*** – Founded in 1991, WAR enhances the lives of women who are at high risk for or are diagnosed with breast cancer. WAR’s mission is to provide services to underserved women living in neighboring communities, including Washington Heights, Inwood and Harlem, through research, education and support. Programs and services provided include:
 - ***Bilingual Community Coordinator*** – WAR’s bilingual community coordinator facilitates care for Spanish-speaking women at NewYork-Presbyterian’s weekly Breast Clinic by translating for doctors and patients and providing emotional support; visiting Ambulatory Care Network sites to educate patients about breast health and breast self-examination; giving presentations at various community sites; and providing bi-lingual staffing for the WAR Resource Library.
 - ***Breast Cancer Screening*** – WAR works with NewYork-Presbyterian/Columbia University’s Breast Cancer Screening Program to provide two annual days of free mammograms, PAP smears and colorectal screenings for uninsured women over the age of 40 in Northern Manhattan. In 2008, more than 500 women were screened during these two days. Bi-lingual staffing, child care and refreshments were available for participants.
 - ***Spanish-Speaking Support Groups*** – Bi-monthly Spanish-language support group meetings are facilitated by WAR’s Community Coordinator and are sponsored in collaboration with the NewYork-Presbyterian/Columbia Department of Social Work Services and Latina Self Help for Women with Breast or Ovarian Cancer (SHARE). In 2008, approximately 700 patients participated in Spanish-speaking support groups one or more times throughout the year.
 - ***Women At Risk (WAR) Resource Library*** – WAR’s Resource Library is an informal information center and source of comfort and support for breast cancer patients, their family members and friends. In 2008, the library was a resource for more than 3,000 patients and their family members. Spanish-language materials and bilingual staffing were available for patients and their family members.

3. Community Preparedness

- **Emergency Management Forum** – In the wake of the September 11, 2001 attacks, NewYork-Presbyterian Healthcare System’s leadership began the Emergency Management Forum consisting of emergency management coordinators from across its 43 acute, long-term and specialty care sites. Meeting every other month, the group identifies best practices and provides a venue for collaborative efforts such as mutual aid agreements, grant opportunities and academic initiatives. The Forum continued to meet during 2008. Recently discussed topics included performance measurement in hospital emergency management and community preparedness, pandemic influenza planning, community preparedness, surge capacity issues and lessons learned from natural disasters, as well as overall ways to enhance emergency management. A full-time System-wide Coordinator for Emergency Preparedness works with System leadership, each of the sites, and federal, state and local governments to develop and implement System-wide approaches to preparedness to bring the System to the forefront of healthcare emergency management.

- **NewYork-Presbyterian Emergency Medical Services (EMS)** - NewYork-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 the Fire Department of New York, 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.
 - **Collaboration with NYCDOHMH** – EMS Participated in all NYCDOHMH communication drills using NYCDOHMH rapid automated notification system. In addition, EMS participated in all NYCDOHMH sponsored activities, meetings, seminars, and conferences including the 2nd Annual NYCDOHMH Radiological Emergency Planning and Preparedness Symposium.

- **Hospital Emergency Response Information System (HERIS)** – In 2008, NewYork-Presbyterian, in collaboration with the NewYork-Presbyterian Healthcare System continued to conduct quarterly training and exercises with its unique Hospital Emergency Response Information System (HERIS). HERIS, developed in the wake of the 9/11 attacks, provides real-time, web-based tracking for all System sites resource needs and availabilities. A model for the New York State Department of Health's Hospital Emergency Response Data System or HERDS, HERIS continues to manage the difficult task of resource tracking and requests, particularly during emergencies, when the need for such information is crucial.
- **The Westchester Division of NewYork-Presbyterian** - Located in White Plains, New York, the Westchester Division of NewYork-Presbyterian has actively participated in Westchester County's community preparedness planning and Drill Program exercises for the past five years. This program consists of many of the area hospitals, as well as Police, Fire Department and Emergency Medical Services. The Westchester Division's 230 acre campus has been designated as the landing site for the County and White Plains Police Department, as well as for patient transport and the staging of vehicles. There are over 50 participants in the drill and the Westchester Division serves as the host for the "hot wash" and debriefing sessions afterward.
- **The Flu Shots for Senior's Program** – The Flu Shots for Senior's Program is a collaborative effort with NewYork-Presbyterian's Ambulatory Care Network, the Visiting Nurse Service of New York, and local elected officials. Senior citizens and others at identified at risk are provided with free influenza vaccines and health education. During 2008, nearly 851 residents from the Bronx, northern New York, East Harlem, the Eastside and Queens were given free flu shots and health education.

4. Other 2008 Community Activities

As part of NewYork-Presbyterian's commitment, many other programs, initiatives and events occur throughout each year that are available to the community. Described below are many health promotion and disease prevention programs that occurred during 2008.

BEHAVIORAL HEALTH

- **Wellness Program** – The Behavioral Health Department at NewYork-Presbyterian/Westchester and NewYork-Presbyterian/Columbia initiated a Wellness Program. The Program provides specific nutritional materials to all patients in the program. During 2007, the staff continued their participation in the "Manhattan Tobacco Cessation Program" through the Columbia University School of Public Health.
- **Planetree Model of Care** – Implementation of the Planetree model of patient-centered care began in early 2004. By October 2004, over 750 staff members of NewYork-Presbyterian/Westchester had participated in a day long retreat and received training in creating a holistic, compassionate environment for patients and families. In keeping with the Planetree model and the commitment to providing a

welcoming environment to the community, a 24 hour café was opened to the community in 2006.

- ***Borderline Personality Resource Center*** – The nation’s only hospital-affiliated Borderline Personality Resource Center opened at the NewYork-Presbyterian/Westchester campus in early 2003. It serves as a national center for information, education, support and referrals for treatment of a complex and debilitating illness that affects millions of Americans.

CHILDREN’S HEALTH

- ***Lang Youth Medical Program*** – The Lang Youth Medical Program is the first hospital-based science enrichment, mentoring and internship program of its kind. Established through collaboration between Eugene Lang and NewYork-Presbyterian, the mission of Lang Youth is to put NewYork-Presbyterian 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 2008, 64 students from the Washington Heights community participated in the Lang Program. Scholars went on tours of the MRI suite, observed surgery in the OR, performed simulated robotic “candy surgery,” and learned about nutrition on an organic farm. Scholars also performed community outreach by giving presentations to elementary school students on healthy snack-making, and exercise workshops with 2nd through 5th graders during the summer.
- ***Pediatric Emergency Medicine Health Fair*** – On May 15, 2008, children from schools in the local community attended the 9th Annual Steven Z. Miller Pediatric Emergency Medicine Health Fair. The fair was held in the Wintergarden Atrium at Morgan Stanley Children’s Hospital and educated over 800 children on the importance of staying healthy through fun and interactive activities. Booths focused on various health and medical topics such as safety, child abuse, eating healthy, bike safety, and protecting skin from the sun.
- ***Safe Start Promising Approaches*** – The Family PEACE (Promoting, Education, Advocacy, Collaboration, Empowerment) Program continues to provide treatment services to children and their caretakers who are exposed to domestic violence. This effort is part of the Safe Start Promising Approaches grant award from the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention. The program provided services to over 69 families during 2008. The program received funding from the Weyerhaeuser Foundation to create a more comprehensive response in identifying, referring and treating young children and their mothers who are exposed to domestic violence in Northern Manhattan. This is done by providing training and coordination of programs and agencies working directly with the affected families. In addition, the Family PEACE Program applied and received funding to increase identification and screening of teenagers exposed to domestic violence.
- ***Youth Track and Field & Wellness Jamboree*** – Morgan Stanley Children’s Hospital, the New York Road Runner Foundation and the Amory Foundation once again

teamed up for a family-oriented all day track and field competition and health fair on March 29, 2008. This marked the 6th anniversary of the Jamboree. The event, attended by 2,500 school children, addressed the City's tremendous need to educate children and parents about exercise, wellness and preventative health, while providing an engaging fun outlet for youth of all sizes, shapes and athletic ability.

- **Wintergarden Program Events at Morgan Stanley Children's Hospital** - A magnificent indoor Wintergarden Atrium in the Morgan Stanley Children's Hospital lobby provides a wonderful venue for music, dance, and choral and dramatic performances, as well as educational activities. School children from the community are invited to experience the cultural richness and enjoyment of the performing arts. These performances brighten NewYork-Presbyterian stays for patients and families by providing respite from their illnesses. A closed circuit television feed to each patient room allows patients unable to ambulate to the Wintergarden to view performances live from their bedside. In addition, the Wintergarden Program also hosts community events for children, parents, community groups, and health professionals.

COMMUNITY-BASED OUTREACH AND HEALTH EDUCATION

- **Family Planning Center** - NewYork-Presbyterian's Washington Heights Family Planning Center, operated by the Center for Community and Health and Education, serves more than 11,000 adolescent and adult women annually, with more than 20,000 patient visits. 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. Nearly 20% of the patients are age 19 or younger. The Family Planning Center has become widely recognized as an innovator of the new "Quick Start" method of contraception initiation. During 2008, the Family Planning Center received over 10,000 patient visits, of which approximately 50% were at no charge to the patient.
- **Young Men's Reproductive Health** - The nationally recognized NewYork-Presbyterian Young Men's Clinic at the Family Planning Center in Washington Heights is a unique male-friendly family planning service where contraception, STI screening and treatment are provided. An essential part of the program's service philosophy is that young men are treated as patients in their own right, and not simply as partners of Family Planning Center female patients. In 2008, approximately 2,600 men between the ages of 14 and 30 received clinical care. A new two-year grant from the Ford Foundation will help the program to improve male reproductive health outreach and education at local community organizations and schools.
- **Hepatitis C Treatment and Prevention** - The Adult Services Clinic at NewYork-Presbyterian/Weill Cornell campus program for the treatment and prevention of Hepatitis C provides treatment, psycho-educational group therapy sessions, and course of treatments and medications to patients. The program assists over 300

patients annually who are diagnosed with Hepatitis C. The clinic is also conducting biomedical translational research to develop and implement treatment algorithms for interventions throughout the country and other parts of the world. The research work at the clinic has been recognized by the Clinton Foundation Global Initiatives through the provision of a funding grant.

- ***Family Festival at the Stanley Isaacs Neighborhood Center*** - The Stanley Isaacs Neighborhood Center reaches across generations and ethnic groups to serve more than 6,000 inner city youngsters, adults, senior citizens and their families. The Family Festival's goal is to improve physical educational and social well being of the community. NewYork-Presbyterian/Weill Cornell participated in the event by distributing health-related information materials, providing helmets for approximately 150 children, and providing free high blood pressure screening to approximately 75 adults.

DIGESTIVE DISEASES

- ***The Jay Monahan Center for Gastrointestinal Health Outreach Events*** – In 2008, the Jay Monahan Center for Gastrointestinal Health conducted monthly free support groups for community members through-out 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 NewYork-Presbyterian/Weill Cornell courtyard; a taxicab campaign to raise awareness about colorectal cancer screening in collaboration with the New York City Department of Health; a mailing campaign to all NewYork-Presbyterian/Weill Cornell employees to raise awareness about colorectal cancer screening in collaboration with the Department of Human Resources and American Cancer Society; and free colorectal cancer seminars provided for various advocacy groups, professional organizations, corporate settings, and underserved communities.

GERIATRICS

- ***Health and Wellness Seminars*** - The Health and Wellness program at NewYork-Presbyterian/Weill Cornell sponsors seminars in the spring and fall and presentations are given by NewYork-Presbyterian doctors, nurses and nutritionists to community residents. During 2008, eight seminars were held and a total of 1,180 community residents attended. Topics discussed included Alzheimer's disease, eye health and acid reflux.
- ***The Allen Hospital Health Outreach Program*** – The Health Outreach Program at NewYork-Presbyterian's 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 Health Outreach Program are

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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 2008, the Health Outreach program served over 3,800 members. Key events included:

- ***Health Outreach's Annual Healthy Senior's Week*** - Participants were offered free flu shots, glucose testing, prostate and vascular screenings, and blood pressure readings. Participants received literature and free give-a-ways from collaborating community agencies and organizations.
- ***Needle Arts Group*** – The Needle Arts Group is a self help program that met every Friday throughout 2008 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 NewYork-Presbyterian/Allen Nursery.
- ***Tai Chi Classes*** – Weekly classes led by a trained Tai Chi instructor were held throughout 2008 for Health Outreach members to promote healthy and active lives. On average, about ten members attended each session.

HIV/AIDS

- ***HIV Counseling and Testing Services Program*** – The Emergency Departments (EDs) at NewYork-Presbyterian/Columbia and NewYork-Presbyterian/Allen were awarded an important grant from the Medical and Health Research Association of New York City, a nonprofit health research and program development wing of the NYC Department of Health and Mental Hygiene. Both EDs now have on-site HIV counselors who offer patients in the ED free HIV testing with results available in less than 30 minutes. In 2008, 2,227 patients received rapid HIV testing, via the pilot testing program
- ***HIV Education, Counseling, and Testing in the Family Planning Center*** – The NewYork-Presbyterian Washington Heights Family Planning Center and Young Men's Clinic currently participate in a three-year federal demonstration grant that enables the programs' patients to be offered the new HIV rapid test. Patients receive the results of the rapid test on the same day as their regular family planning visit, rather than having to return for a follow-up visit two weeks later. More than 92% of the patients receiving HIV testing are choosing the new rapid test, and the new program increases resources for HIV prevention education and counseling.

WOMEN'S HEALTH

- ***Family PEACE Program*** – In 2008, the Family PEACE Program trained several hundred of NewYork-Presbyterian healthcare providers and several community and government agencies on how to identify, screen and respond to families living with

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domestic violence. The Family PEACE Program also received a grant award from the US Department of Justice to create a public awareness campaign on domestic violence, its impact on children, and how to get help.

- ***Third Annual Mother's Day Spa*** – NewYork-Presbyterian hosted its Third Annual Mother's Day Spa Celebration on May 10, 2008. This event enabled NewYork-Presbyterian to provide mothers of children with special needs a much-needed day of pampering, relaxation, and an opportunity to escape their arduous daily routine. More than 200 mothers from the surrounding community received free massages, makeovers, refreshments and free books were given to the children.
- ***Allen Hospital Lactation Support and Parent Education Program*** - The Lactation Support and Parent Education Program provides bi-lingual support services to child-bearing patients at the NewYork-Presbyterian/Allen Hospital campus. The program offers monthly prenatal breastfeeding classes, lactation consultations to inpatient mothers, monthly breastfeeding support groups, and monthly childbirth preparation classes. During 2008, the Program provided services to over 2,000 women.