



2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY



HARLEM HOSPITAL CENTER

A Safety-Net Provider



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HARLEM HOSPITAL CENTER

A Safety-Net Provider

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Harlem Hospital Center

A Safety Net Provider



Harlem Hospital Center, an iconic healthcare facility in New York City, has provided healthcare services to the residents of Harlem for 126 years. The Hospital opened in 1887 in a Victorian mansion located at the juncture of East 120th Street and the East River. The Hospital assumed its present site on the east side of Lenox Avenue between 136th Street and 137th Street in 1907. The Hospital's recent Campus Modernization Project included the construction of a six-story Mural Pavilion, which opened in October, 2012. Services located in the new Pavilion include Bariatric and General Surgery Clinics, Operating and Recovery Rooms, Intensive Care Units and Women's Imaging. The Emergency Department will relocate to this Pavilion in August 2013.

Provides a broad array of services

Harlem Hospital Center is a 286-bed hospital that provides a broad array of preventive, primary and acute care services including general medicine, endocrinology, hematology, gastroenterology, pulmonary, infectious diseases, nephrology, dermatology, cardiology, neurology, obstetrics and gynecology, ophthalmology, orthopedic surgery, pathology, pediatrics and neonatology, general surgery, ENT, urology, plastic, vascular and bariatric surgery, critical care, podiatry, imaging and radiology, nuclear medicine, rehabilitation medicine, psychiatry, substance abuse, dental and oral surgery, pharmacy, pathology, respiratory and physical, speech and occupational therapies. It is a Level I Trauma Center, designated Stroke Center, Bariatric Center of Excellence, Breast Imaging Center of Excellence, Sexual Assault Forensic Center of Excellence, Designated AIDS Center, National Association of Public Hospitals Safety Net Hospital, Designated National Committee for Quality Assurance Level III Patient Centered

Medical Home. Also, Harlem has a Level III Neonatal Intensive Care Unit, an Area-Wide Burn Center and is a World Health Organization's UNICEF Designated Baby Friendly Hospital. The Hospital is also designated as a Heart Care Station by the American Heart Association and participates in the 911 Receiving Hospitals Advisory Committee.

Outpatient preventive, primary care and specialty services are provided in the Ronald H. Brown Ambulatory Care Pavilion. The Hospital also provides primary care through the Renaissance Health Care Network's seven health centers and eight school-based health clinics strategically located throughout Harlem and Washington Heights / Inwood. The Hospital's Fiscal Year 2012 (July 2011-June 2012) utilization data indicates 293,274 outpatient and primary care visits; 66,235 Emergency Department visits and 12,452 discharges. With the closing of North General Hospital, Harlem Hospital Center is now the only hospital in Harlem providing healthcare to the community.

Part of the New York City Health and Hospitals Corporation

It is an acute care hospital of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation whose mission is to provide comprehensive and high quality to all, regardless of their ability to pay, in an atmosphere of dignity and respect. HHC, the largest municipal healthcare organization in the country, is a \$6.7 billion integrated healthcare delivery system that provides medical, surgical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities and specialty care at six large diagnostic and treatment centers and more than 70 community based clinics. HHC provides

care to the medically underserved, low-income and minority populations of New York City, and Harlem Hospital Center is emblematic of the HHC mission.

HHC’s commitment to caring patients regardless of their ability to pay ultimately gives it the highest “market share” of low-income, uninsured patients across this City. Based on 2010 New York State institutional and health center cost reports, HHC hospitals provided a far higher proportion of care to self-pay (or uninsured) patients than any other single healthcare provider in New York City. In 2010, HHC acute care hospitals were the source of 37% of all inpatient discharges, 43% of Emergency Department visits and 67% of clinic visits to the uninsured among all New York City hospitals. Additionally, uninsured patients accounted for approximately 7% of all HHC’s acute care hospital discharges, 31% of Emergency Department visits and 30% of clinic visits. That translates into approximately \$698 million in uncompensated care annually at HHC.

From its beginning, Harlem Hospital Center has been the pre-eminent safety-net provider in the Harlem community. The most recent data available, below, compares Harlem Hospital Center’s safety net burden, compared to that of other New York City hospitals. ♦

SAFETY NET BURDEN

Utilization by Payer Mix as a Percent of Total

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	Harlem
Discharges			
Uninsured	3%	4%	6%
Medicaid	33%	38%	62%
Total Safety Net	36%	42%	68%
ED Visits			
Uninsured	16%	20%	26%
Medicaid	39%	41%	54%
Total Safety Net	56%	61%	80%
Clinic Visits			
Uninsured	11%	19%	32%
Medicaid	55%	52%	46%
Total Safety Net	66%	71%	78%

* Excludes HHC hospitals.

Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report.

Includes all NYC acute, general care hospitals and any wholly owned or controlled community health centers, including HHC.

Discharges exclude normal newborns. ED visits include treat and release, and visits that result in admission.

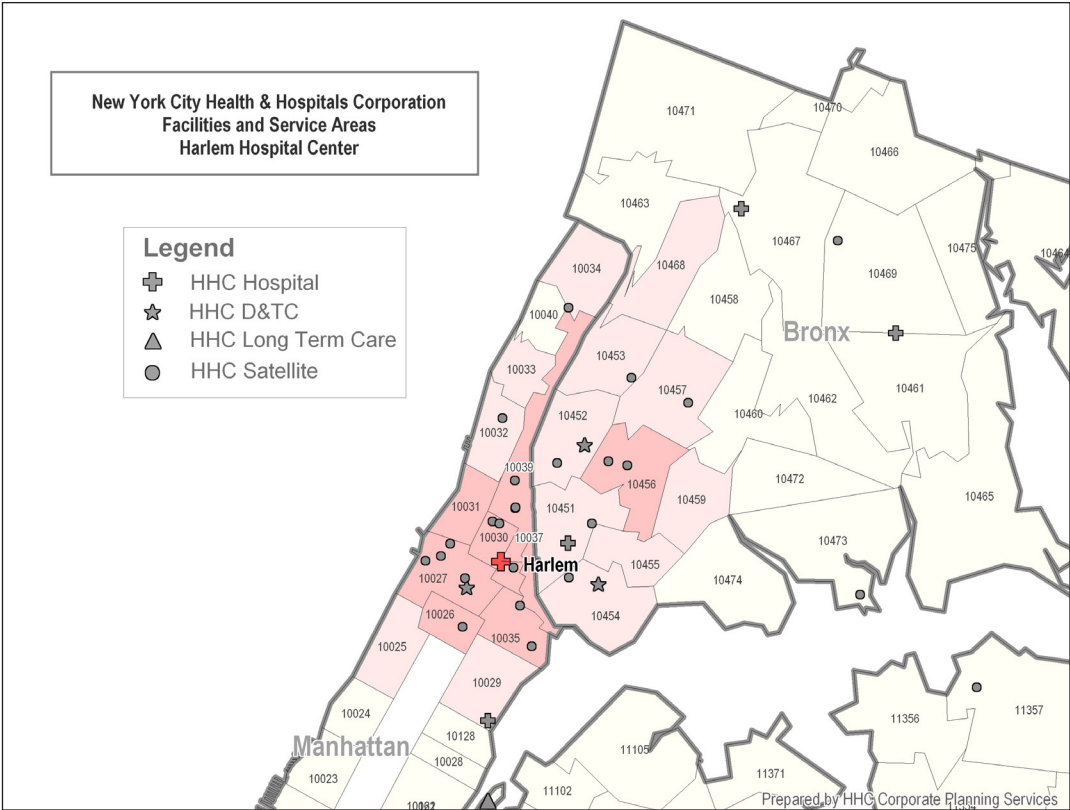
Clinic visits include comprehensive care and primary care visits only.

HHC’s uncompensated care costs are \$698 million.

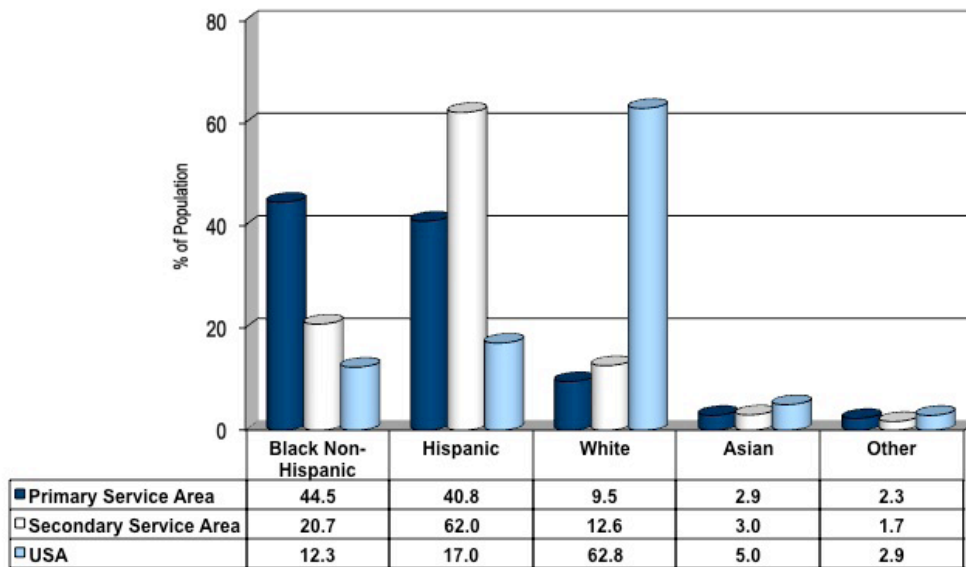
I. Description of Community Served by Harlem Hospital Center

Harlem Hospital Center provides health area services to the primary service area of Central/East Harlem, Washington Heights/Inwood and the South Bronx; including zip codes: 10026, 10027, 10030, 10031, 10035, 10037, 10039 10456 and the secondary service areas of East Harlem, Upper West Side and South Bronx, including zip codes: 10025, 10029, 10032, 10033, 10034, 10452, 10453, 10454, 10455, 10457, 10459 and 10468. 2013 Claritas data indicate there are 339,544 residents in the primary service area and 830,791 in the secondary service area. Many of these zip codes that define Harlem Hospital Center’s service communities of Harlem, Washington Heights/ Inwood and the South Bronx communities of Highbridge, Morrisania, Hunts Point

and Mott Haven, contain census tracts that are Federally Designated Medically Underserved Areas (MUAs) and



TOTAL SERVICE POPULATION: ETHNICITY



Source: HANYS © Truven Health Analytics, Inc.

Health Professional Shortage Areas (HPSAs).

The majority of the residents in the Hospital's total service area are African American and Hispanic. The ethnic composition of the primary service area includes: 44.5% African Americans; 40.8% Hispanics; 9.5% Whites; 2.9% Asians and 2.3% Other. The residents of the secondary service area are 62% Hispanic; 20.7% African American, 12.6% White, 3% Asian and 1.7% Other.

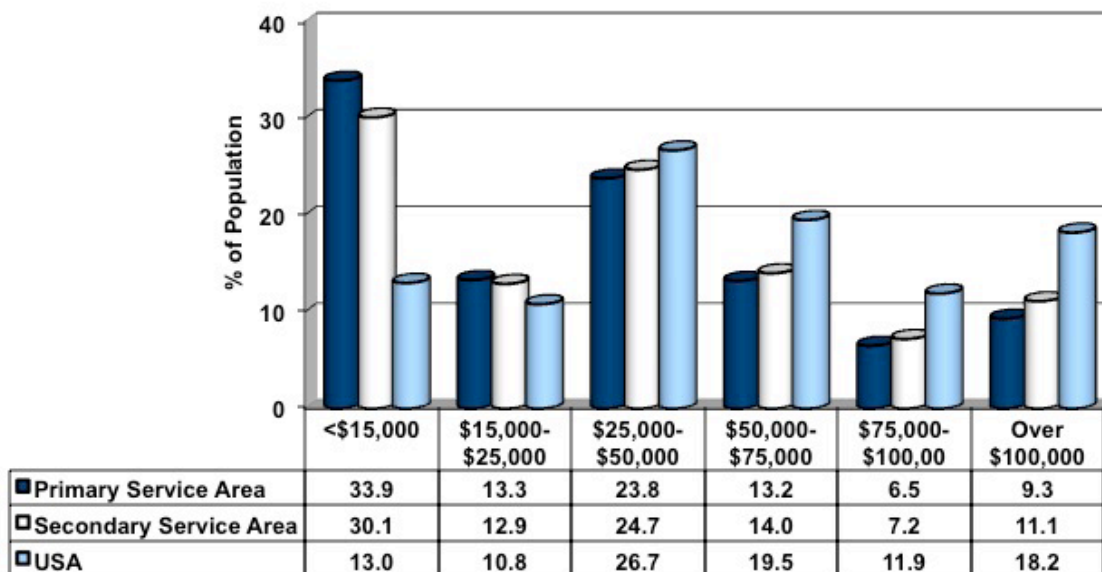
Eighty-percent of the residents in the primary and secondary services areas are under 55 years of age. The gender breakdown is the same for both service areas, with 46.8% male and 53.2% female.

Socio-Economics

The average household income for the primary service area is \$44,321 and \$50,203 for the secondary service area, compared with \$67,315 for the Nation. Income distribution for the total service area is displayed below.

New York City Community Profiles indicate that between 40.3% and 60.4% of the residents in the communities served by Harlem Hospital Center receive some type of income support including cash assistance, temporary assistance to needy families (TANF), Supplemental Security Income (SSI) and Medicaid.

TOTAL SERVICE AREA HOUSEHOLD INCOME DISTRIBUTION



Source: © HANYS Trueen Health Analytics, Inc.

PERCENTAGE OF COMMUNITY RESIDENTS RECEIVING INCOME SUPPORT IN 2011

Community Districts	Neighborhoods	% of Population
Manhattan Community District 10	Central Harlem	40.3
Manhattan Community District 11	East Harlem	45.9
Manhattan Community District 12	Washington Heights/Inwood	48.8
Bronx Community District 1	Mott Haven	60.4
Bronx Community District 2	Hunts Point	57.5
Bronx Community District 3	Morrisania	59.5
Bronx Community District 4	Concourse Highbridge	58.3
Bronx Community District 6	East Tremont	57.1

Source: Community District Profiles December 2012. <http://www.nyc.gov/html/dcp/pdf/lucds/rm12profile.pdf><http://www.nyc.gov/html/dcp/pdf/lucds/bx1profile.pdf>,
<http://www.nyc.gov/html/dcp/pdf/lucds/bx2profile.pdf><http://www.nyc.gov/html/dcp/pdf/lucds/bx3profile.pdf>.

Education

Almost 70% of the residents of the primary service area have at least a high school diploma; of these, 22.4% completed only high school; 21.4% attended some college or have an Associates Degree, and 25.4% have a Bachelor's or higher degree. This educational level is similarly reflected in the secondary service area, with 22.2% completing high school; 20% with some college or Associates Degree and 24.3% with a Bachelor's Degree or post graduate education.

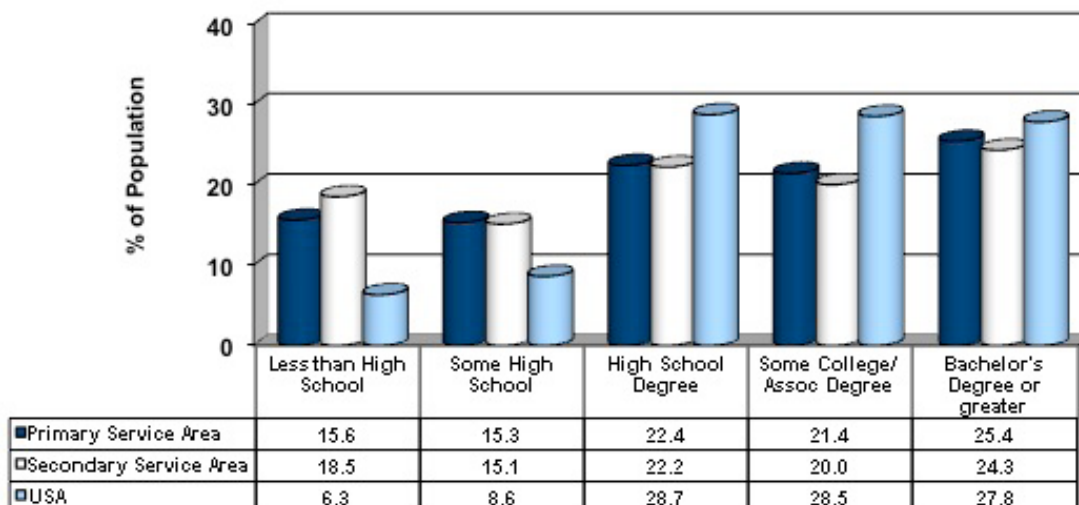
Languages

Claritas data for "languages spoken at home" is reflective of the ethnic breakdown indicated in the previous section. In the primary service area 54% of the residents speak English at home; 36% speak Spanish; 2% speak an Asian dialect; 4.7% European dialect and 3.2% other languages in lesser percentages. Conversely, the

majority of residents of the secondary service area, 56.6%, speak Spanish at home; 34.4% speak English; 2% speak an Asian dialect; 4% European dialect and 3% speak other languages at home in lesser percentages.

The largest percentages of patients speaking Spanish are located in zip codes in Washington Heights/Inwood and South Bronx. The Hospital's Language Assistance Program staffs are able to communicate with patients through CyraCom telephones and trained medical interpreters. Hospital 2012 utilization data indicate that 22,242 interpretation services were performed; the majority, 81% were performed through CyraCom phones and 19% through face to face interpretations. The majority of translations were for Spanish, French and Arabic speaking patients. Translations for Mandarin, Haitian Creole, Cantonese, Bengali, Polish, Russian, Hindi, Korean, Urdu, and Punjabi were noted in lesser percentages. ♦

TOTAL SERVICE AREA EDUCATION LEVEL



Source: © Truven Health Analytics, Inc.

II. Process and Methodology

The information contained in this Community Health Needs Assessment derives from two converging types of information. These are:

Primary source: Focus groups conducted by Harlem Hospital Center in 2013

Harlem Hospital Center staff conducted three focus groups in March, 2013, each with a different group of participants: (a) facility patients; (b) community stakeholders, including local residents and representatives of community-based organizations, and (c) a group comprised of healthcare providers, many who also live in the Hospital's service areas. This last group included community health experts.

The focus groups' questions were designed to produce the necessary content of a Community Health Needs Assessment, and the groups' facilitators followed a plan that would allow maximum group participation and responses over a variety of issues in about 90 minutes. Although records of participants and verbatim responses were kept, participants were assured that their names would not be associated with specific responses.

Focus groups included a moderator, a recorder and eight participants. Participants were asked to discuss the following five questions; 1) the greatest strengths of health care in the community served by Harlem Hospital Center; 2) the greatest weaknesses of health care in the community; 3) the greatest health care needs; 4) their ranking, and 5) how we can better respond to these needs. Responses for all three focus groups were recorded and were submitted to facility

leadership for prioritization for the implementation plan.

Supplementary, or secondary, sources

To help report community health needs in depth, we supplemented the focus group results with data that describes in additional detail the issues raised in those groups. The data came from a variety of primary and secondary sources, including:

Population data, Claritas 2013, (U.S. Census data from Nielsen Site Reports, see <http://www.claritas.com/sitereports/Default.jsp>)

New York City Health and Hospitals Corporation analyses of hospital and community health center cost reports 2010; New York City Department of Health and Mental Hygiene Community Health Surveys, (<http://www.nyc.gov/html/doh/html/data/survey.shtml>)

Statements of Community District Needs, Fiscal Year 2013, prepared by New York City's Community District Boards at <http://www.nyc.gov/html/dcp/html/pub/cdnd13.shtml>

Community Data from the New York State Department of Health website (<http://www.health.ny.gov/statistics/>), Comparative data from Healthcare Association of New York State (HANYS) Trueven Health Analytics, and

National Vital Statistics Reports at http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.

The data as presented as analyzed by the companies or agencies mentioned, or were further analyzed by HHC and or the Hospital for purposes of this report. ♦

III. Health Needs Identified

The following is a review of the focus group responses:

Focus Group of Patients

The patient focus group was conducted on March 7, 2013. Participants included eight African American and Hispanic men and women who were clinic patients of Harlem Hospital Center's Ronald H. Brown Ambulatory Care Pavilion. All of the patients were diabetics. Some were also receiving outpatient care for other chronic conditions.

What are the greatest healthcare needs in your community and how would you rank them?

Respondents ranked the following healthcare needs highest:

- a) Diabetes
- b) Heart Disease
- c) Obesity
- d) Hypertension
- e) Cancer

f) HIV/AIDS

g) Stroke

h) Insurance For Uninsured

What are the greatest problems you and your family members face getting health care at Harlem Hospital Center?

Responses:

- a) Waiting time to see the physician
- b) Not being notified of cancelled appointments

What changes can this hospital make so it can better respond to the needs and problems you just mentioned?

Responses:

- a) Reduce waiting time to see physician after the nurse takes vital signs
- b) See patient at the time they are scheduled to be seen
- c) Customer service

What do you think are the greatest strengths of Harlem Hospital Center?

Responses:

- a) Ability to handle thousands of patients with different personalities and diseases
- b) Support groups for patients to learn about the management of their diseases
- c) Great services in: Obstetrics, Diabetes, Trauma/ Gunshot Wounds, Dental, Mental Health, Podiatry, Ophthalmology, Primary Care, ENT
- d) New building growing to meet the needs of the community

Providers/Local Health Experts' Group

The second focus group was convened on March 12, 2013. These participants were healthcare providers in the Hospital's Ronald H. Brown Ambulatory Care Pavilion. Participants included the Medical Director for Ambulatory Care Services, Associate Executive Director for Ambulatory Care Services, Senior Associate Director for Ambulatory Care Services; attending physician who is an endocrinologist and internist specializing in diabetes; an administrator; a social worker, and head nurse. Six of the providers were African American; one was African and one White. All of the healthcare providers work in the Harlem community and three of the participants are residents of the Hospital's catchment area.

The following is an overview of their responses:

What do you think are the greatest strengths of healthcare in the community served by Harlem Hospital Center?

Responses:

- a) Quality of care
- b) Interpersonal relationships between staff and patients
- c) Cultural diversity of staff complements the cultural diversity of the patient population
- d) Commitment of the providers and staff to the community
- e) Hospital provides "One Stop Shopping" through a comprehensive continuum of services providing health insurance, social services, financial and legal assistance, Mental Health, Women Infant Children (WIC) Supplement Food Program, NYSDOH Designated Stroke Center of Excellence, AIDS Center of Excellence, Bariatric Center of Excellence, Patient Centered Medical Home, Quit Smoking Program, and Project RED Congestive Heart Failure Project
- f) Strong collaborations with community organizations including The Greater Harlem Chamber of Commerce's Harlem Healthy Living Initiative
- g) Hospital's physicians are experts in their fields

- h) Hospital has unique sub-specialties including Burn Unit; Plastic Surgery, Muscular-Skeletal Radiology and sub-specialties in Ophthalmology for reconstructive facial surgery
- i) Harlem Hospital Center is the only acute care facility in Harlem
- j) Ability to secure grant funds for special initiatives to bridge gaps in service
- k) Patient-centered leadership empowers management staff to rise to their potential
- l) Progressively enhancing the Information Technology Infrastructure to enhance the quality of care and communications

What do you think are the greatest weaknesses of healthcare in the community served by Harlem Hospital Center?

Responses:

- a) Staffing shortage i.e. in sub-specialties including neurology, urology, dermatology, endocrine, podiatry, nursing, behavioral health
- b) Not using staff at their maximum potential within their titles
- c) Customer service issues
- d) Patient satisfaction: poor access to next available appointment and waiting time to see physician
- e) Lack of staff satisfaction with training and career development opportunities
- f) Need staff to expand to evening and weekend hours
- g) Need to increase clinical capacity to accommodate patient needs and in turn increase volume
- h) Need to meet increased demand for language interpreters

What are the greatest health care needs in your community? What illnesses do you see the most among your patients?

- a) Heart Disease
- b) Diabetes
- c) Hypertension
- d) Obesity
- e) Depression
- f) Poor nutrition
- g) Childhood Asthma and
- h) Poverty

On a scale of 1-4, with 4 being the best, how does Harlem Hospital Center respond to each health need listed?

Respondents ranked Heart Disease, 4; Diabetes, Hypertension and Depression, all 3; Nutrition and Asthma, 2, and Poverty, 1.

How can we better respond to each specific health care need?

Responses:

- a) Resume patient contracts, point of care testing and interdisciplinary care plans
- b) Increase patient education by qualified patient health educators and certified diabetic educators
- c) Increase internal/external monitoring of services
- d) Treat patients more aggressively to meet clinical targets
- e) Increase multi-lingual staff
- f) Better outreach to patients who are non-compliant with appointments
- g) Establish better clinic and patient relationships
- h) Ensure patients receive comprehensive assessment of eligibility for entitlements

Community Stakeholders' Group

The third focus group was also convened on March 12, 2013. All of the focus group members were African American and either live or work in the Harlem community. Focus group members included: Chair, Teams Housing Development Fund Corporation, Director of Community Center, Vice President of Community Life Center, Vice President of a manufacturing company, Vice President of Health First, and Vice President of the New York City Economic Development Corporation.

Focus Group responses were as follows:

What do you think are the greatest strengths of healthcare in the community served by Harlem Hospital Center?

Responses:

- a) Ability to get health insurance at Harlem Hospital Center
- b) Strategic location of Harlem Hospital Center and its Health Centers
- c) Linkages provided to mothers and children through programs like Nurse Family Partnership
- d) Healthcare providers are experienced in treating Trauma and Heart Attacks
- e) Culturally and religiously sensitive healthcare services and programs
- f) Pending implementation of Affordable Care Act

What do you think are the greatest weaknesses of healthcare in the community served by Harlem Hospital Center?

Responses:

- a) Lack of resources in community to address family mental health crisis
- b) Community's negative perception of Hospital
- c) Lack of information about Affordable Care Act
- d) Lack of healthcare marketing to the changing community

demographic

- e) Need to develop culturally appropriate marketing of services to community
- f) Not using technology to outreach to patients i.e. Facebook, use of mobile application
- g) Need Public Service Announcements to promote the greatness of the Hospital
- h) Need to promote the services in the new Pavilion
- i) Community does not donate funding to facilities in our own community
- j) Lack of social services (Geriatrics)
- k) Inappropriate use of emergency room
- l) Lack of information to uninsured regarding availability of healthcare

What are the greatest health care needs in your community?

Responses:

- a) Diabetes and Pre-Diabetes
- b) Lack of education on medication management for men with diabetes, i.e. impotence
- c) High Blood Pressure
- d) High Cholesterol
- e) Obesity
- f) HIV/AIDS
- g) Smoking
- h) Alcohol and Substance Abuse
- i) Depression/Mental Health/Stress
- j) Domestic Violence
- k) Geriatrics

On a scale of 1-5, with 5 being the best, how does Harlem Hospital Center respond to each health need listed?

Participants ranked the Hospital as 5 in responding to high cholesterol, obesity, smoking, HIV/AIDS, Alcohol and Substance Abuse, Depression, Domestic Violence and Geriatrics. Participants ranked the Hospital as 4 in responding to Diabetes, Pre-Diabetes and High Blood Pressure. They ranked the hospital as 1 in responding to education and medication management of diabetic men, specifically regarding impotence.

How can we better respond to each specific healthcare need?

Responses:

- a) Work with community churches to incorporate health education messages in Sunday Church Programs;
- b) Increase community outreach (use Facebook and mobile applications to communicate with community re: health forums and events at the Hospital);

- c) Build upon legacy and preeminent position that the Hospital has in providing healthcare services in the community;
- d) Use culturally appropriate Public Service Announcements to promote services; and
- e) Improve customer service.

Converging data

In addition to the focus groups, Harlem Hospital Center conducted the following staff analyses of community healthcare issues. A review of 2011 Vital Statistics from the New York City Department of Health and Mental Hygiene (NYCDOHMH) indicates that Central and East Harlem's mortality rates for Cancer, HIV

Disease, Diabetes and Homicide exceed those for the City and nation. Central Harlem's mortality rate for diabetes is, in fact, the highest of all the neighborhoods in the City.

Diabetes

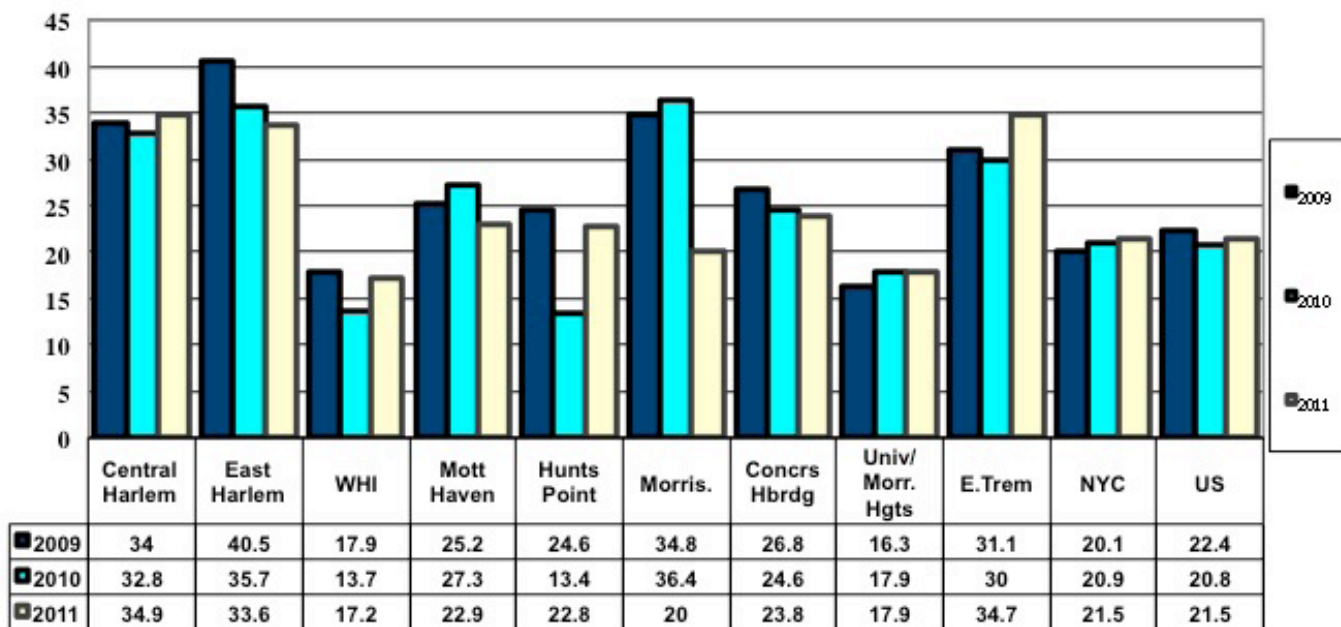
African Americans and Hispanics have the highest prevalence for Diabetes with 12% and 13%, respectively. 2011 New York City Department of Health and Mental Hygiene Vital Statistics indicate Central Harlem has the second highest mortality rate for diabetes in New York City. Central Harlem, University/Morris Heights and East Tremont were the only communities in the hospital's catchment area that experienced slight increases in the mortality rates over the three- year period examined.

MORTALITY RATE COMPARISON: HARLEM HOSPITAL CENTER, NEW YORK CITY AND US

SELECTED CAUSES OF DEATH	Central Harlem	East Harlem	WH/I	Mott Haven	Hunts Point	Morrisania	Concourse High bridge	University Morris Hgts	East Tremont	NYC	US
Heart Disease	219.8	222.7	153	155.6	154.1	136.4	136.3	94.3	138.8	205.0	173.7
Malignant Neoplasms	182.3	186.6	141.5	112.1	110.4	132.7	112.4	100.5	117.3	163.0	168.6
Diabetes	34.9	33.6	17.2	22.9	22.8	20	23.8	17.9	34.7	21.5	21.5
HIV Disease	22.2	33.6	8.8	25	15.2	40.1	24.5	31.9	23.9	9.3	2.5
Homicide	11.1	14.7	7.3	21.8	13.3	16.3	8.9	13.2	7.2	6.4	

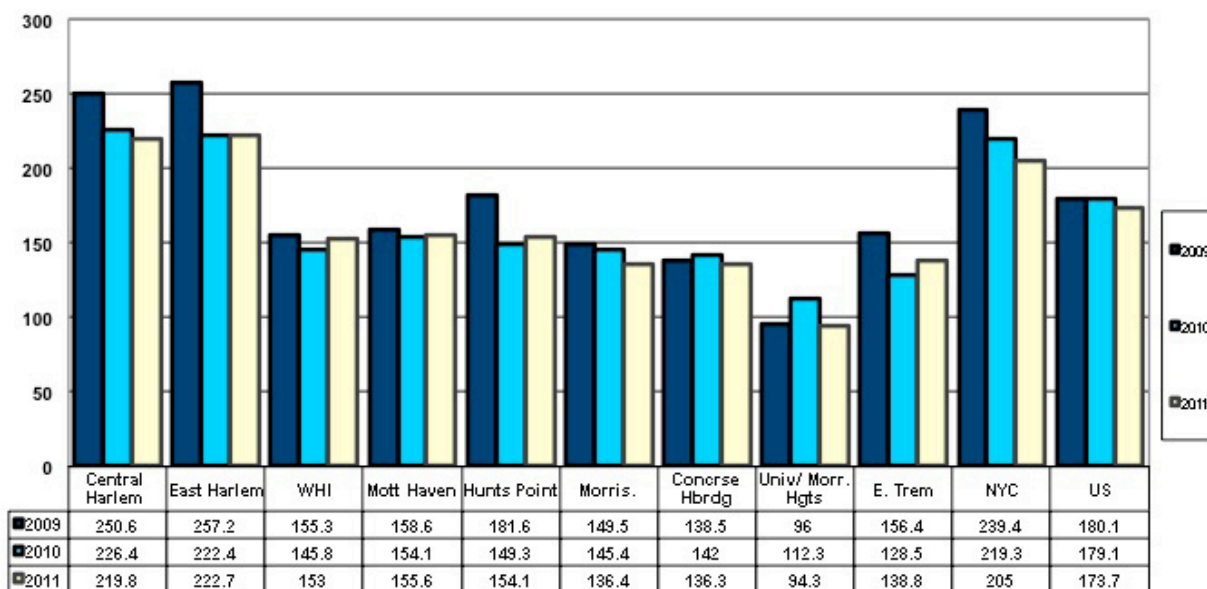
Source: NYCDOHMH Vital Statistics 2011. *Mortality rates for all causes are per 100,000 population. National Vital Statistics 2011

DIABETES MORTALITY RATE COMPARISON 2009-2011



Source: NYCDOH&MH Vital Statistics 2009-2011 Mortality rates are per 100,000 population. National Vital Statistics Report

HEART DISEASE MORTALITY RATE COMPARISON 2009-2011



Source: NYCDOH&MH Vital Statistics 2009-2011 Mortality rates are per 100,000 population. National Vital Statistics 2011

Heart Disease

Heart disease is the single largest contributor to excess mortality in the Hospital's catchment area. It is also the single leading cause of health disparities by race. East and Central Harlem, for instance, have among the highest rates of cardiovascular disease in New York City. Cigarette smoking, poor diet, lack of exercise, obesity, hypertension, diabetes and high cholesterol are all high-risk factors for this condition. Data from the Office of Minority Health confirm:

- African American adults are more likely to be diagnosed with and die from heart disease
- African American adults are 40% more likely to have high blood pressure, but 10% less likely than their non-Hispanic White counterparts to have their blood pressure under control.

Overall, Hispanic American adults are 10% less likely to have coronary heart disease than non-Hispanic white adults. However

- Mexican American women are 20% more likely to have high blood pressure than non-Hispanic White women, and
- Mexican-American men are more likely to have high cholesterol compared with non-Hispanic white men and non-Hispanic black men.

Heart Disease mortality rates for the Hospital's catchment area experienced a downward trend from 2009-2011. Mortality rates for Central Harlem and East Harlem continue to be the highest in Manhattan.

Hypertension

African Americans develop high blood pressure more

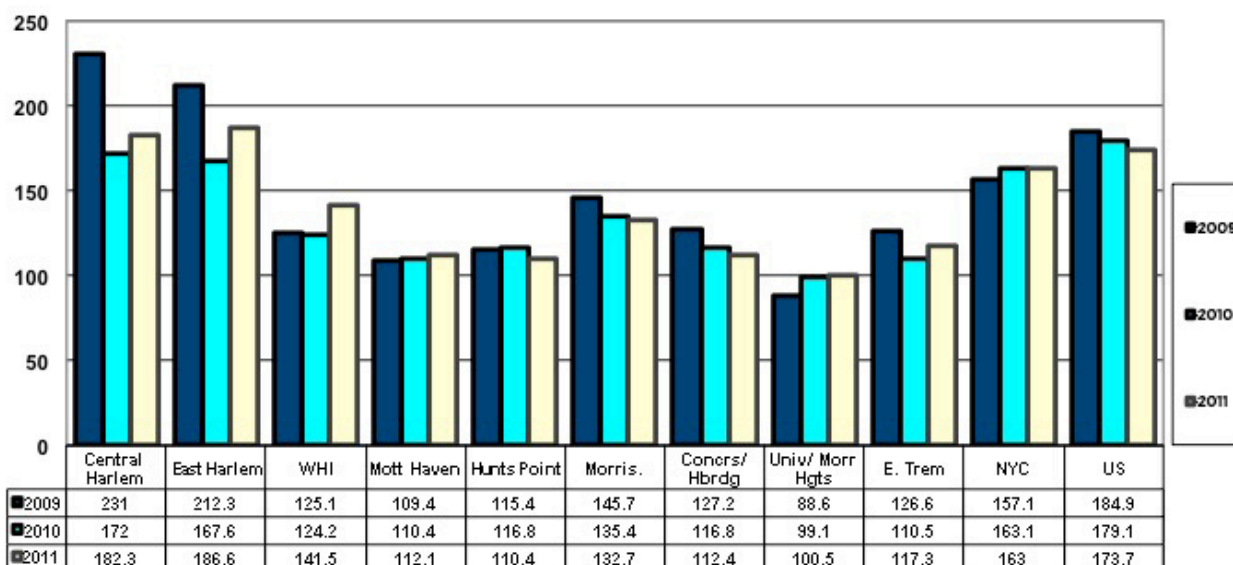
often than whites. Centers for Disease Control data indicate 43% of African American men and 45.7% of African American women are affected by hypertension (<http://www.cdc.gov/bloodpressure/facts.htm>). Hypertension in African Americans also tends to be diagnosed earlier in life and to be more severe. Hypertension is a significant contributor to heart disease, diabetes and strokes. A review of hospital patient medical records confirm that the majority of our patients diagnosed with heart disease, diabetes, renal disease or obesity related illnesses also have hypertension.

Cancer

Cancer is the second leading cause of death in the Hospital's service areas. 2010 American Cancer Society data indicate that African Americans are more likely to develop and die from cancer than any other racial or ethnic group. Mortality statistics note distinct disparities in cancer mortality, with rates among African American males 34% higher than among white males and rates for African American females, 17% higher than among white females.

As indicated in the table below, cancer mortality rates for NYC have increased slightly. Central and East Harlem mortality rates remain above local and national averages and are the highest in Manhattan. However, consistent with the national trend mortality rates for Central and East Harlem, Morrisania, Concourse Highbridge, East Tremont, and Hunts Point have decreased. It is interesting to note, the University/Morris Heights community has the lowest mortality rate for cancer in the Bronx.

CANCER MORTALITY RATE COMPARISON 2009-2011



Source: NYCDOH&MH Vital Statistics 2008-2011 Mortality rates are per 100,000 population

HIV Disease

Statistics from the Office of Minority Health indicate racial and ethnic minorities accounted for almost 71% of the newly diagnosed cases of HIV infection in 2010. In 2010, 84% of children born with HIV infection belong to minority groups.

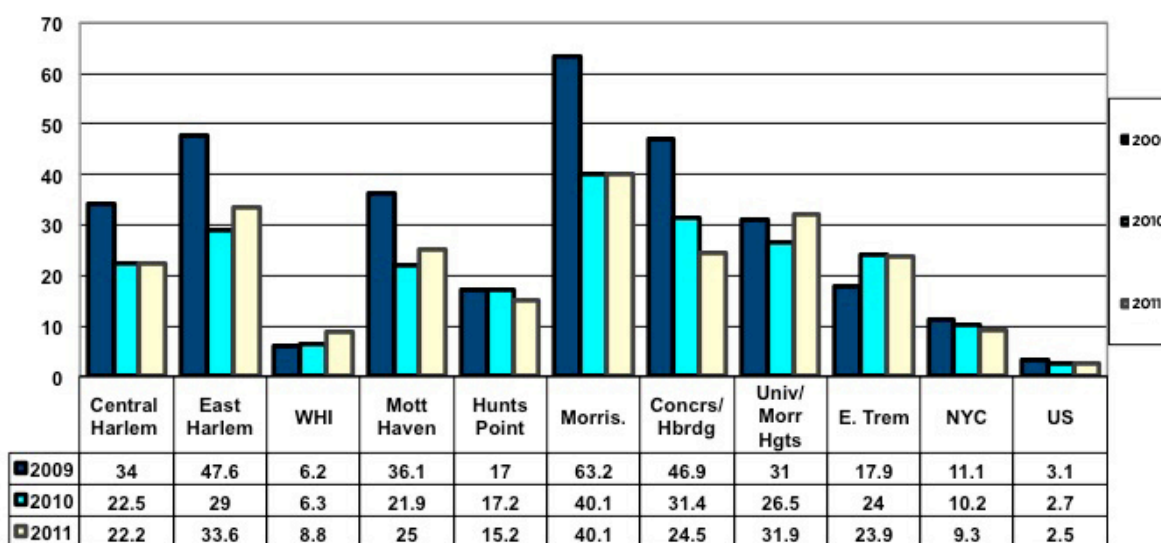
NYC DOHMH Vital Statistics mortality data for 2011 confirm Morrisania has the highest mortality rate for HIV Disease in New York City. Central and East Harlem have the highest mortality rates in Manhattan. It is however important to note that from 2009-2011, there were significant decreases in HIV mortality rates in Central Harlem, East Harlem, Mott Haven, Morrisania and Concourse/

Highbridge. Slight increases were noted in Washington Heights/Inwood and East Tremont.

Obesity

The rates for adults who are overweight and obese in the communities of East/Central Harlem and the South Bronx exceed the average for other communities in New York City. As indicated below, overweight and obesity rates among adults in the South Bronx are (65.4%), with East and Central Harlem at 66% compared with 55.3% for other NYC communities. (New York City Department of Health and Mental Hygiene. Community Health Survey, 2011. www.nyc.gov/health/epiquery.)

HIV DISEASE MORTALITY RATE COMPARISON 2009-2011



Source: NYCDOH&MH Vital Statistics 2009-2011 Mortality rates are per 100,000 population. National Vital Statistics Report

OVERWEIGHT AND OBESITY BY HIGH-RISK DEPARTMENT OF PUBLIC HEALTH OFFICE NEIGHBORHOOD 2011

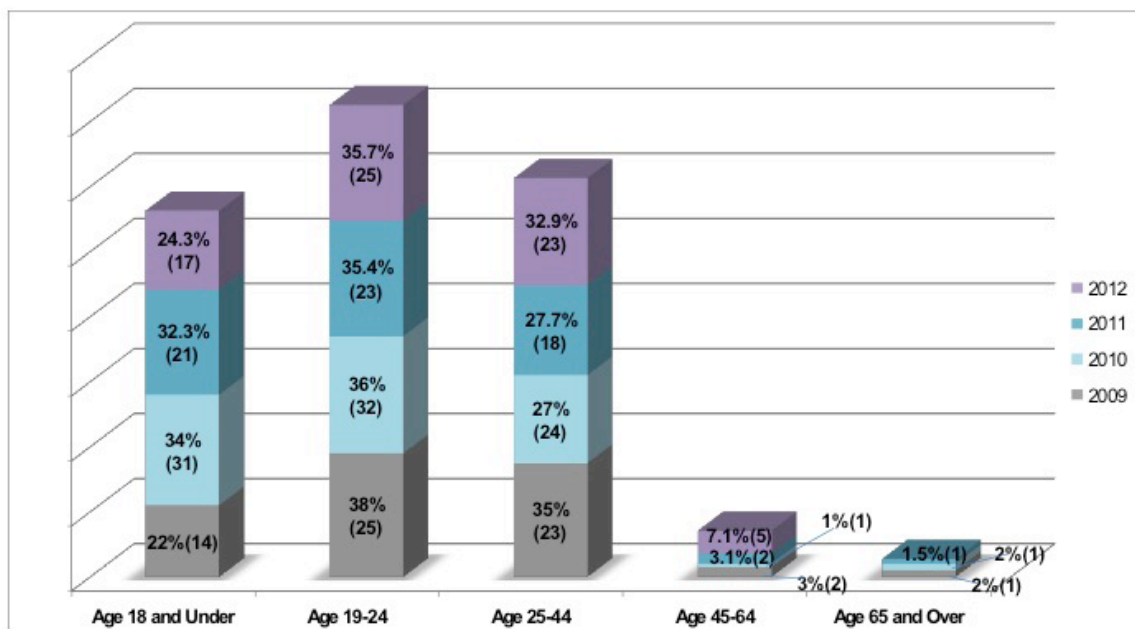
Neighborhood	%Overweight	%Obese
East/Central Harlem	39.8%*	26.2%
The South Bronx	32.0%	33.4%
All Other Neighborhoods	33.9 %	21.4 %

* Estimate

Trauma Admissions Related to Gun Violence

A review of Hospital Trauma admission data confirm that 62% of the gunshot wounds admitted to Harlem Hospital Center were for persons 24 years and younger. Ninety percent of the admissions in this age category were male. ♦

INPATIENT TRAUMA ADMISSIONS DUE TO GUN SHOT WOUNDS JANUARY 2009 – DECEMBER 2012



IV. Community Assets Identified

Harlem Hospital Center is part of the Generations+/Northern Manhattan Health Network which includes Lincoln Medical and Mental Health Center, Belvis and Morrisania Diagnostic and Treatment Centers in the South Bronx and the Renaissance Health Care Network's Diagnostic & Treatment Center seven health centers and eight school-based health centers strategically located in Harlem and Washington Heights/Inwood. These facilities are the major providers of care to these Federally Designated Medically Underserved areas (MUAs) and Health Professional Shortage Areas (HPSAs).

With the closing of North General Hospital, Harlem Hospital Center is in fact the only hospital in the Harlem community. Harlem Hospital Center collaborates with other organizations in the community to provide healthcare including working with: Mt. Sinai Hospital on the rape crisis program and obesity and healthy eating and living initiatives, NY Presbyterian Medical Center in providing healthcare to our homeless patients, Montefiore Medical Center in providing

Pediatric Cardiology consultations and Bronx Lebanon Hospital in referring their patients for hemodialysis.

The Hospital has also established linkages with community health center providers through our Community Provider Referral Office (CPRO). CPRO staff assists our community physicians and their patients in accessing diagnostic and acute care services at Harlem Hospital Center.

The Hospital also has linkage agreements with skilled nursing facilities in the community for patients requiring long term care. These include Greater Harlem Nursing Home and Northern Manhattan Nursing Home. Staff also provide community outreach to after school centers and senior citizen centers, providing health education and screenings, special programs and services that are consistent with the needs articulated by patients, providers and stakeholders in the focus groups conducted and are consistent with the community health issues as reflected in the New York City Department of Health and Mental Hygiene's most recent community healthcare data. ♦

HARLEM HOSPITAL CENTER COLLABORATIVE PARTNERS

Hospitals

Zip Code	Facility Name	Address	Borough
10029	Mt Sinai Hospital	One Gustave Levy Pl.	Manhattan
10032	Columbia Presbyterian Hospital	622 West 168th St.	Manhattan
10467	Montefiore Hospital	111 East 210th St.	Bronx
10456	Bronx-Lebanon Fulton	1276 Fulton Ave.	Bronx

Health Centers

Zip Code	Facility Name	Address	Borough
10003	Institute for Family Health/Sidney Hillman and Phillips Family Practice	16 East 16th St.	Manhattan
10003	Project Renewal, Inc.	8 East Third St. Adult Mobile Van	Manhattan
10025	William F. Ryan Community Health Center Inc.	110 West 97th St.	Manhattan
10026	Community Healthcare Network, Inc.	Helen B. Atkinson Center 81 West 115th St.	Manhattan
10027	Upper Room AIDS Ministry (Harlem United)	123-125 West 124th St.	Manhattan
10027	Citicare Inc.	154 West 127th St. 3rd Floor	Manhattan
10029	Center for Comprehensive Health Practice Inc.	1900 Second Ave.	Manhattan
10031	Heritage Health and Housing, Inc.	1727 Amsterdam Ave.	Manhattan
10031	Heritage Health and Housing, Inc.	500 West 138th St.	Manhattan
10032	Community Healthcare Network, Inc.	1996 Amsterdam Ave.	Manhattan
10035	East Harlem Council for Human Services Inc.	Boriken Neighborhood Health Ctr 2253 3rd Ave.	Manhattan
10035	Care for the Homeless	Wards Island	Manhattan
10453	The Institute for Family Health	Mount Hope Family Practice 130 W Tremont Ave.	Bronx
10454	Care for the Homeless	Willow Avenue Family Resid. 190 Willow Ave.	Bronx
10454	Care for the Homeless	Jackson Avenue Family Resid. 691 E 138th St.	Bronx
10457	Promesa Inc.	1776 Clay Ave.	Bronx

V. Summaries: Assessments and Priorities

Three focus groups were conducted in March 2013. Participants included Harlem Hospital Center patients, providers, and community stakeholders. All of the focus groups were asked five questions, one of which was to identify the major healthcare issues in the community. Participants from all three groups listed Diabetes, Cardiovascular Disease and Hypertension, Obesity, HIV/AIDS and Cancer. Data from the New York City Department of Health and Mental Hygiene confirm the focus groups' perceptions. The mortality rates for Diabetes, Heart Disease, HIV/AIDS and Cancer are well in excess of City and National averages and are in fact among the highest in New York City. Central Harlem mortality rates for Diabetes are in fact, the highest in NYC. Similarly, data confirm that rates for obesity and diabetes in Central and East Harlem and the South Bronx are well in excess of those for other NYC communities.

These disease entities are often seen as related risk factors.

Patients who are obese also frequently have heart disease, diabetes and hypertension. These patients are also at risk for selected cancers. A review of our congestive heart failure patients indicated most of these patients had secondary diagnoses of hypertension, diabetes and obesity. Staff members are also seeing an increasing number of these patients with HIV/AIDS.

The focus group responses and the associated community health data were presented to Hospital Leadership for consideration. Based upon this information, Leadership confirmed the five community health issues identified by the focus groups as the top community healthcare issues to be addressed. A sixth priority, trauma related gun violence was also added by hospital leadership. This critical community health issue has been identified by community based organizations, the Leadership of the NYCHHC, Mayor Bloomberg's Office, and Manhattan District Attorney Cyrus Vance's Office as a major community healthcare issue. ♦

VI. Next Steps

An analysis of the responses from the three community focus groups convened was prepared. Prioritization of healthcare issues was determined based upon a review of the responses of the focus group participants, a review of the comparative community health data collected and analyzed and review of hospital data. To address these priorities, staff has developed culturally and linguistically

appropriate programs and services tailored to meet the multiple and complex medical and social support needs of our patient populations. Programs will provide comprehensive patient-centered care. Individualized care plans will reflect evidence based clinical best practices for developing effective treatment regimens, patient education and monitoring to improve patient outcomes. ♦

VII. Implementation Strategy

Target Areas and Populations

Harlem Hospital Center's service community includes the federally designated Health Professional Shortage Areas and Medically Underserved Areas of Harlem, East Harlem, Washington Heights/Inwood and the South Bronx. The majority of the residents in these communities are African American and Hispanic. Our service area has a growing population of Hispanics from Puerto Rico and Mexico and French-speaking West Africans from Senegal. Many are from countries where primary care was non-existent. Approximately 50% of the residents receive some type of income assistance.

The health status of this community is reflective of this pervasive poverty. Data confirm that minority communities of African Americans and Hispanics are disproportionately affected by the six community health priorities selected Diabetes, Cardiovascular Disease/Hypertension, Obesity, HIV/AIDS, Cancer and Traumas Related to Gun Violence.

How Implementation Strategy Was Developed

Based on these meetings and discussions, an implementation strategy was developed to ensure the Hospital was providing effective programs and services to address these issues. This implementation strategy included a review of current programs and a plan to develop those program enhancements required.

Major Needs and How Priorities Were Established

Each focus group was charged with identifying the major health issues in the community. All three groups identified the same major healthcare issues, with some variability for issues of lesser concern noted. Staff conducted an analysis of participants' responses. These results, as well as, corresponding community health data were presented to Hospital Leadership for their consideration, which confirmed that community health needs to be addressed are:

- Diabetes
- Cardiovascular Disease/Hypertension
- Obesity
- HIV/AIDS

- Cancer
- Traumas Related to Gun Violence.

What the Hospital Will Do to Address Community Needs

Diabetes

The Hospital has developed a continuum of early detection, diagnostic, and treatment services and support groups to provide effective management strategies for Diabetes. Special Hospital initiatives have been designed to reinforce the goal of assisting patients in managing their disease and controlling their blood glucose levels and other medical conditions associated with their diabetes. Preventive and early detection interventions are offered through nutritional counseling, diabetes support groups, and cholesterol screenings. Patients are also enrolled in the Diabetes Registry which helps the patient and provider to monitor the management of disease and ensure patients have received appropriate screenings including HbA1c (a blood test that monitors long term blood glucose levels), ophthalmology/vision testing, podiatry/foot examinations, blood pressure monitoring, etc.

Harlem Hospital Center is an accredited Level 3 Patient-Centered Medical Home, which provides an infrastructure to develop and implement effective treatment regimens for diabetes and other chronic diseases. Patient care is coordinated and integrated across the healthcare continuum (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Planned Program Enhancements: Through these programs, staff will implement program enhancements including: 1) Aggressive follow-up on those patients in the Diabetic Registry who are non-compliant with Diabetes regimens; 2)

Utilization of Certified Diabetic Educators to provide patient education on Diabetes self management and importance of compliance with scheduled appointments, as well as medication and dietary restrictions, and 3) With implementation of the NYS Medical Home Demonstration Project, an increase of 10% in the number of diabetic patients who have had an HbA1c test, compared to last year.

Cardiovascular Disease

Cigarette smoking, poor diet, obesity, hypertension and diabetes are all high risk factors for cardiovascular disease. Addressing the high prevalence of these factors in our patient population, the Hospital has developed a continuum of early detection and diagnostic and treatment services to provide effective management strategies for this disease. These include Disease self-management, i.e., teaching patients how to manage their disease, a Quit Smoking Program, Hypertension and Cholesterol Screening, and Healthy Eating and Living Programs.

The most recent intervention, Project RED, utilizes an interdisciplinary team to provide a safety net for patients with Congestive Heart Failure. Nurses and Physicians educate patients about the importance of medication and dietary compliance in effectively managing their disease. Social workers assess a patient's eligibility for home care supports upon discharge. Post-discharge, each patient receives an appointment for follow-up in the cardiology clinic within one week. Patients also receive a post-discharge call to ensure they are compliant with medications, dietary restrictions and appointments and not exhibiting any signs of symptoms of heart failure. The system in effect provides a safety net, helping patients stay healthy in their community. Staff members also enroll eligible patients in Quit Smoking Program and the Diabetes Registry with referrals to Chemical Dependency programs as appropriate.

Planned Program Enhancements: The following Cardiovascular Disease Program enhancements will be implemented within the next 18 months:

- *Care Managers*--The Hospital will add two nurse care managers to oversee the inpatient, outpatient and post-hospital care for patients with congestive heart failure.
- *Harlem Healthy Hearts* Clinical Staff will train post-graduate nursing, pharmacology and social work student volunteers to work with patients with cardiovascular disease to reinforce disease management strategies, assist with post-hospital follow-up contacts to ensure patient compliance with diet, medication restrictions and medical appointments.
- *Hypertension Target to Treat Pathway Program* is a new program designed to improve clinical outcomes for hypertensive patients. Patients present for blood

pressure visits so we can track and monitor patients who have uncontrolled blood pressure. Patients receive group and individual health education sessions focusing strategies to reduce blood pressure. With implementation of the NYS Medical Home Demonstration project, clinic goals will include increasing the number of patients with blood pressure under control (less than 140/90) by 10%.

Obesity

Bariatric Surgery Service provides a comprehensive continuum of services including medical, surgical, nutritional, educational, and psychological services required to support patients through their Bariatric procedures and post-operative recuperation and transition.

Central Harlem Health Revival is a coalition of Houses of Worship, healthcare and business organizations collaborating to provide healthy eating and living education forums, health screenings and structured activities designed to provide tools and information to motivate Harlem residents to adopt healthier lifestyles.

Hip Hop Healthy Eating and Living in Schools is an innovative program that focuses on the need to increase children's and parents' understanding and knowledge of calorie intake and weight management as it relates to chronic medical conditions. Targeting pre-adolescent children in communities with a disproportionate burden of obesity and its related illnesses, this program delivers an interactive multi-media, educational interventions, using music and animation, to children and their parents. The program seeks to help them develop the skills required to make behavioral changes to maintain or initiate a healthy lifestyle. Further information is available on the website <http://hiphoppublichealth.org/hiphopleadership.html>.

San Bao Tai Chi and Qigong Workshops for Seniors pilot program offered workshops to Seniors. Participants in the workshops reported improvements in mood, cardiovascular and respiratory function, and balance, as well as reductions in stress and pain associated with arthritis, carpal tunnel syndrome, and other conditions.

Alvin Ailey Dance Workshops for Seniors in collaboration with The Friends of Harlem Hospital Center, Inc. provide Dance Workshops for Seniors. Body Conditioning, Jazz and West African Dance classes are taught by Alvin Ailey dance instructors. Participants in the Alvin Ailey Dance Workshops for Seniors reported improvements in a variety of health indicators including weight, blood pressure, cardiovascular and respiratory function, gait, flexibility and muscle integrity and mood.

Harlem Healthy Living is collaboration between Harlem Hospital Center, The Greater Harlem Chamber of Commerce,

community leaders, businesses, healthcare organizations, media partners, governmental agencies, educational institutions and professional organizations to motivate community residents to adopt healthier lifestyles. Through this initiative, partners developed and convened community health forums and conferences, media partners reinforced these healthy eating and living messages in publications and through broadcasts and structured walk/run events. This collaborative currently collaborates with the New York City Road Runners Club to host the 5K Percy Sutton Run and Family Health Walk. Further information is available on the website http://www.harlemhealthyliving.com/heal_partners.htm.

Harlem Walk It Out! is a comprehensive physical activity program for Harlem's senior citizens. The program was funded by the Healthy Heart Program of the New York State Department of Health in response to the rising rates of heart disease, stroke, obesity, and diabetes-related morbidity and mortality in the Harlem community. The purpose of Walk It Out! is to enhance access to neighborhood spaces for physical activity and to develop informational outreach activities to promote holistic health and prevent disease and illness.

Shape Up NYC is a free family fitness program that is offered throughout the five boroughs via collaboration between the New York City Department of Health and Mental Hygiene, New York City Department of Parks and Recreation, and Equinox Fitness Clubs. Harlem Hospital Center currently offers two weekly Shape Up NYC classes, Kickboxing and Zumba. Over 200 community members and hospital staff have participated in the Harlem Hospital Shape Up NYC program since its inception. Many of the participants have reported decreases in weight and blood pressure, diminished stress levels, and improvements in mood and productivity as a result of their participation in the program.

Planned Program Enhancements: These will include:

- In July 2013, under a new Demonstration Project, Harlem Hospital will increase the number of patients who are counseled on physical activity or referred for physical activity by 10%.
- The Bariatric Team is adding another surgeon to accommodate the increasing number of procedures. Anticipated start, July 2013.
- Leadership has committed to developing a new initiative to increase access to healthcare for disabled obese patients. Staff will work with clinicians to identify and resolve actual and perceived barriers to accessing primary care services. Work on this initiative will begin in June 2013.
- To ensure continuation and enhancement of the Central Harlem Health Revival and Harlem Healthy

Eating and Living in Schools, staff members are preparing grant applications to secure program funding. Grant award notification is anticipated in August 2013, which will allow program extension through July 2014.

HIV/AIDS

Harlem Hospital Center has developed a seamless continuum of comprehensive programs for People Living with HIV/AIDS. Patients have access to HIV counseling and prevention education, primary care, testing, special services for women and children, nutrition care services and support groups. Existing programs include:

Adherence Programs, including the Harlem Adherence to Treatment Program, provide support services needed by people living with HIV/AIDS to assist them in complying with their medication regimen.

Family Care Center provides comprehensive medical, and support services for children, adolescents and adults with HIV/AIDS and their families. Services include medical care by infectious diseases specialist, pediatricians, dermatologist and gynecology. Other critical services provided include counseling and testing, health education, peer support, mental health services, nutrition assessments, anti-retroviral related adherence counseling, substance abuse counseling and social support services.

Family Centered Program provides comprehensive medical specialty and case management services to individuals who are HIV+/AIDS and their infected and affected family members.

HIV Rapid Testing Program provides HIV testing on all emergency, inpatient and outpatient units.

Harm Reduction Recovery Readiness Program uses a harm reduction model to engage HIV-infected individuals with past or current substance use issues so they may modify personal behavior patterns, improving quality of life and preventing transmission of HIV.

HIV Nutrition Care Services Program provides comprehensive nutrition assessments and counseling for treatment and prevention of HIV-associated nutrition problems. It also addresses fat redistribution and metabolic problems caused by the use of potent antiretroviral therapies.

Medical Care Management Program is a comprehensive HIV/AIDS model of care designed to ensure the navigation of healthcare and social services systems, the coordination of transportation and childcare services, linkage to eligible entitlements, and adherence to treatment support for individuals living with HIV and AIDS.

Ryan White Part C Program provides comprehensive primary care services to People Living with HIV/AIDS. Special program components address nutritional care and rapid testing.

Planned Program Enhancements. Harlem Hospital Center will continue to improve community access to HIV/AIDS preventive and treatment services through implementation of two new programs.

- Project Brief: will increase the availability of and enhance community access to HIV testing in the Hospital's Emergency Department. This program will also facilitate the immediate enrollment in HIV treatment regimens of patients testing positive and the referral of high-risk patients to appropriate support and treatment programs. The hospital goal is to ensure access to HIV testing at any entry point in our hospital system, e.g., Dentistry, Primary Care and Medical and Surgical Sub-specialty care.
- Ryan White Part D Program to be implemented by the Department of Pediatrics will be specifically designed to address the medical and social support service needs of women, infants, children and youth who have HIV/AIDS.

Cancer

Harlem Hospital Center implemented aggressive early intervention and screening programs for breast, cervical, prostate and colorectal cancers. In addition, bilingual patient navigators are being utilized to assist patients in negotiating the Hospital system.

Hospital staff also developed special screening initiatives for community residents and patients. Last year's breast screening event had over 500 participants. In March, 2013, Harlem Hospital Center was invited by the Health Committee Chair, Manhattan Community Board 10, to collaborate to provide mammograms to women during the month of March in honor of Women's History Month. Partners in this Women's History Month Mammogram Campaign also included The American Cancer Society, Touro College of Medicine and Pink Chose Me.

Outreach efforts provide cancer education information and early intervention services to patients and residents of the Harlem community. The Brother-to-Brother Health Fair featured cancer screenings for men.

Family Navigator Program assists patients in navigating the healthcare system and in accessing breast cancer screening and breast health services.

Quit Smoking Program utilizes a holistic approach to provide services to our clients. Individualized and group modalities are used to assess and treat tobacco addiction. Tobacco education, health consequences associated with tobacco use, combined with addressing the physiological, psychological, and behavioral components are the primary focus of the Quit Smoking Program.

Breast Imaging Center of Excellence provides all aspects

of women's imaging--mammography and associated procedures, as well as Bone Densitometry.

Harlem Hospital Center has also recently installed state-of-the-art equipment technology that provides precision and images needed to detect cancer in its earliest stages. This equipment includes a 64-slice CT scan, new ultrasound equipment is used to diagnose breast abnormalities detected by a physician during a clinical exam and to characterize potential abnormalities seen on mammography, and fluoroscopy equipment to detect gastroenterology related cancers.

Planned Program Enhancements: Staff members plan to increase cancer screening outreach activities and lectures to community organizations. Clinical staff will increase screenings for breast cancer by a minimum of 5%; colorectal cancer, 10%; prostate cancer, 5% and lung cancer, 5%.

Trauma Related to Gun Violence

The Hospital collaborated with Mayor Bloomberg's Office, Manhattan District Attorney Cyrus Vance, New York Mission Society Operation SNUG, the New York Police Department's 32nd Precinct and Harlem Mothers SAVE, Stop Another Violent End, to develop a Circle of Safety, an evidence-based violence reduction program which provides a continuum of health and support care services to the victims of gun shots, stabbings and assaults, and to their families.

Hospital staff members work with Violence Interrupters who work within the community to prevent violence from occurring. The Hospital utilizes a combination of best practice models designed to provide adolescents and young adults and their families who are the victims of violence with medical, social support and educational skills and conflict resolution resources to interrupt the cycle of violence.

Harlem Hospital Center also continues to host community forums to discuss strategies for preventing gun violence in our communities. This healthcare issue was an agenda item for Mayor Bloomberg when he kicked off the first city-wide Young Men's Summit at Harlem Hospital Center. Most recently, in March, 2013, the Hospital hosted an annual Legislative Breakfast. The themed discussion was "*Guns Down, Life Up.*"

Planned Program Enhancement: Staff are currently planning a new dimension for this initiative, a young men's mentoring program. While the program will target young men who have been the victims of violence, it will also be available to young men in our catchment area ages 14-21 years. The program will be designed to offer structured activities including bicycle club, photography club with mentoring linkages to African American social and fraternal organizations. Projected start-up is September 2013.

Other Issues

Patient and stakeholders focus groups identified other areas of concern. Staff members have reviewed these issues and are working on their resolution.

The Patient Focus Groups identified 1) Waiting time between the nurse taking vital signs and when the patient sees the physician, and 2) the ability to see physician at the scheduled time. Ambulatory Care staff is working on resolving both of these issues. The waiting time between the nurse's vital sign assessment of the patient and the patient's actual visit with the physician was addressed in a Breakthrough Rapid Improvement Event. The waiting time has recently been reduced from 34 to 14 minutes. Staff will continue to monitor this. Ambulatory care staff has also expanded sessions, increasing the Medical Evaluation Clinic from 3 to 5 days.

Customer Service was identified by both patients and community stakeholders as an area for improvement. Hospital leadership has engaged a consultant to work with staff to address this issue. Hospital staff currently works with Press Ganey to improve patient satisfaction results and improve community image. Staff is actively engaged in working together to identify root causes of problems and barriers to success.

Stakeholders' focus Group identified the following additional issues:

- 1) Promoting the Facility. In response, Hospital leadership developed a marketing committee: This group is charged with increasing community outreach

and promoting a positive image of the Hospital in the community. Staff is currently working on compiling information on the Hospital's Awards and Accomplishments.

- 2) Increasing outreach through Facebook and mobile applications. Although the hospital corporation does have a Facebook page, this is not an option for individual hospitals. Public Affairs staff will investigate the possibility of using Twitter to promote activities.
- 3) Work with community churches to provide health education messages in the Church Programs. Hospital leadership currently works with an inter-denominational group of clergy, providing outreach and screening at health fairs and consulting clerics on strategies to develop effective community health education programs. Successful ventures have included collaboration with the Council on Imams to develop the Medina Clinic, providing culturally and religiously sensitive medical and social support services to Muslim patients. Staff has contacted selected church secretaries and is developing a strategy to incorporate health education messages into the Sunday Programs.
- 4) Providing culturally appropriate Public Service Announcements. The Hospital does not have a marketing budget. This item will have to be deferred. ♦

VIII. Approval

The Implementation Strategy has been approved by the Board of Directors of New York City Health and Hospitals Corporation on May 30, 2013. ♦