

Lincoln Medical Center



*The Heart of the South Bronx
Community Health Needs Assessment*

*234 East 149th Street
Bronx, New York 10451*

Prepared by Office of Strategic Planning, Community & Public Affairs

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Lincoln Medical Center

A Tradition of Health, Dignity and Compassion

Lincoln Medical Center has provided healthcare services to the community for over 170 years. Founded in 1839 by the “Society for the Relief of Worthy Aged Indigent Colored Persons,” the facility’s original mission was to serve as a Home for aged black people, many of whom had been slaves prior to the abolition of slavery in New York City. At that time the facility was named “The Home for the Colored Aged,” and was located on 51st Street and the Hudson River.

In 1843, in order to accommodate a growing population, the “Home” moved to 40th Street and Park Avenue. In 1850, further expansion necessitated a third move to a larger facility on First Avenue between 64th and 65th Streets. The institution now included both “The Home for the Colored Aged,” and a Hospital and Nursery Department. In 1882, the Institution’s name was changed to “The Colored Home and Hospital,” and then moved to its first Bronx location on 141st and Concord Avenue in 1898. In 1902, The Colored Home and Hospital officially became known as Lincoln Hospital and Home.

Over the next 100-year period, Lincoln Medical Center underwent several major renovation and expansion projects to accommodate a growing patient population with changing community demographics and healthcare needs. In 1900, the Maternity and “Consumptive” (Tuberculosis) Pavilions were opened. Within the next few years, from 1905 to 1906, the Consumptive Pavilion was renovated and converted into wards and an outpatient department opened. In 1935, the facility underwent major reconstruction; and more than forty years later, on March 28, 1976, Lincoln Medical and Mental Health Center was opened.

Today, Lincoln Medical Center is a 347-bed public not-for-profit community teaching hospital, a member of the New York City Health and Hospitals Corporation (HHC), and is affiliated with the Physician Affiliate Group of New York and has an academic affiliation with Weill Cornell Medical College. The Hospital is also a member of the Generations+/Northern Manhattan Health Network (one of HHC’s seven strategically integrated Networks) which is comprised of two hospitals, Lincoln Medical Center and Harlem Hospital Center, and three Neighborhood Family Health Centers: Renaissance Health Care Network, Morrisania Diagnostic & Treatment Center and Segundo Ruiz Belvis Diagnostic & Treatment Center.

As a Designated Level 1 Trauma Center, Lincoln Medical Center is considered one of the premier trauma centers in the country and excels in surgery and emergency medicine. The Hospital provides a broad array of primary, secondary and tertiary care services including, but not limited to:

- cardiology
- dental services
- dermatology
- endocrinology
- ENT
- gastroenterology
- general medicine
- general surgery
- hematology/oncology
- infectious diseases
- nephrology
- neurology
- obstetrics and gynecology
- ophthalmology
- oral-maxillofacial surgery
- orthopedic surgery
- palliative care
- pathology
- pediatrics and neonatology
- pharmacy
- plastics
- podiatry
- psychiatry
- pulmonology
- radiology and nuclear medicine
- rehabilitation medicine
- respiratory therapy
- urology
- vascular

In calendar year 2012, Lincoln Medical Center provided 428,730 outpatient clinic visits, 9,925 ambulatory surgery procedures, over 160,700 emergency department visits and 23,706 patient discharges.

Lincoln Medical Center is part of the New York City Health and Hospitals Corporation (HHC), a public benefit corporation whose mission has always been to provide comprehensive and high quality healthcare 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, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 70 community based clinics. HHC Health and Home Care also provide in-home services in the local communities it serves. HHC is a crucial access point for local communities that have historically been overlooked by private physicians and voluntary hospitals seeking optimal market share in an extremely competitive healthcare environment. HHC's commitment to caring for patients regardless of their ability to pay, ultimately gives it the highest "market share" of low-income, uninsured patients across this City.

Each HHC hospital and health center evaluates a patient's eligibility for public health insurance, and assists patients in completing applications for public health insurance. Uninsured patients who do not qualify for coverage are assessed for financial assistance using an established sliding fee scale based on Federal Poverty Guidelines to ensure that access to care is not withheld based on the ability to pay. Fees are reduced to an affordable amount, based on family size and income, and are available without regard to immigration status

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 uninsured inpatient discharges, 43% of uninsured ED visits and 67% of uninsured clinic visits among all New York City hospitals. This volume of uninsured care translates into approximately \$698 million in uncompensated care annually at HHC. As shown in the table below, Lincoln Medical Center also has a significantly high percentage of safety-net burdens.

**Table 1: Safety Net Burden
Utilization by Payer Mix as a Percent of Total**

	NYC Voluntary Nonprofit Hospitals Average*	All HHC Hospitals	Lincoln
Discharges			
Uninsured	3%	4%	4%
Medicaid	33%	38%	66%
Total Safety Net	36%	42%	70%
ED Visits			
Uninsured	16%	20%	27%
Medicaid	39%	41%	53%
Total Safety Net	55%	61%	80%
Clinic Visits			
Uninsured	11%	19%	23%
Medicaid	55%	52%	52%
Total Safety Net	66%	71%	75%

* Excludes HHC hospitals.

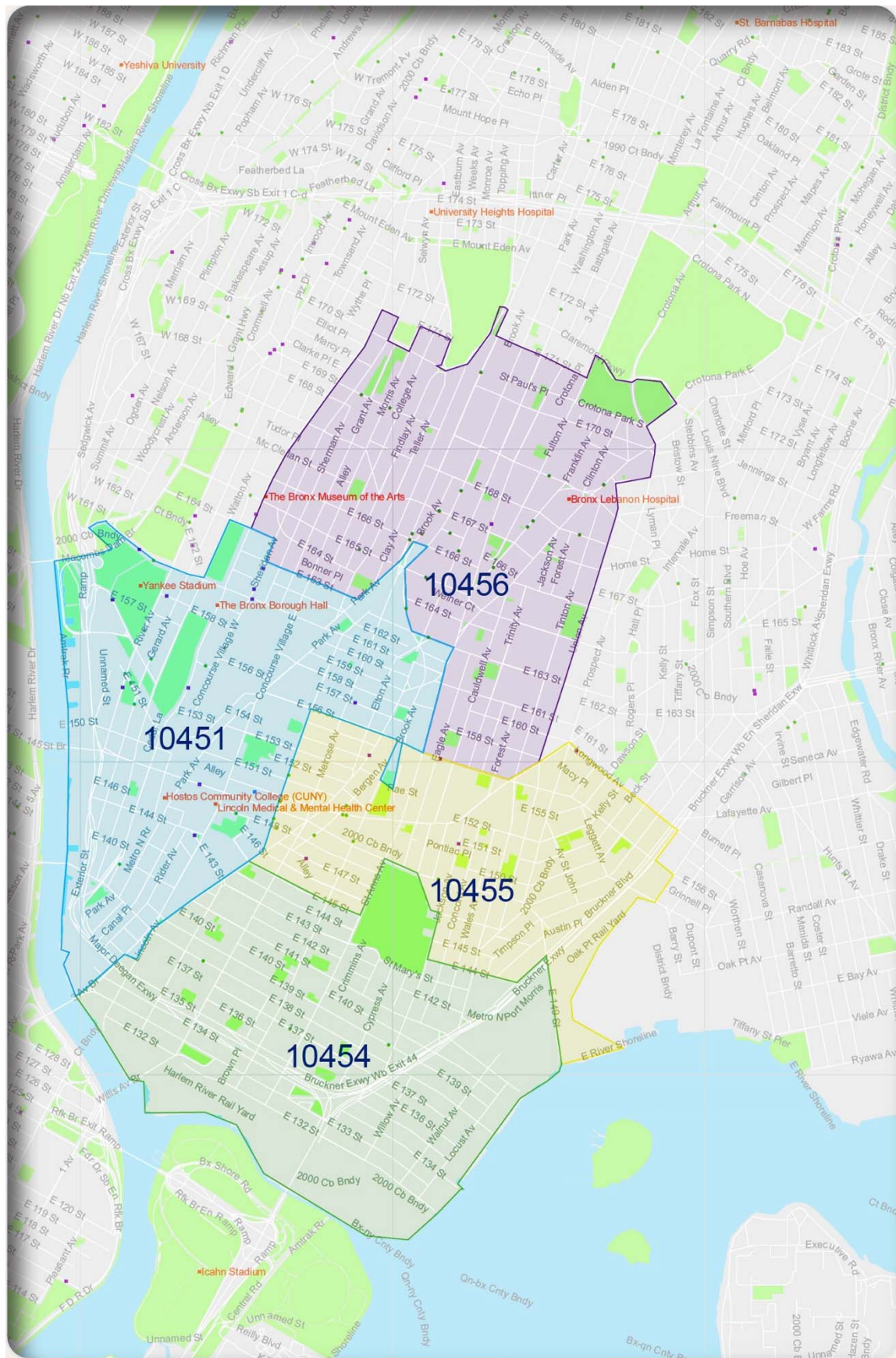
Source: 2010 Hospital Institutional Cost Report, and 2010 Health Center Cost Report.

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 Lincoln

Catchment Area

Lincoln Medical Center provides healthcare services to the Mott Haven, Hunts Point, Highbridge and Morrisania neighborhoods of the South Bronx. The primary service area includes zip codes: 10451, 10454, 10455, and 10456. Bronx Community Boards 1, 2, 3, 4 and 5 represent this catchment area.

Demographic and Socio-Economic Data

According to the 2010 U.S. Census population statistics, close to 576,000 individuals reside in the Hospital's combined (primary and secondary) service area. From 2010 through 2015, a population increase of 2.3 percent is projected for the combined service areas. According to a January 10, 2012 New York City Department of City Planning presentation titled "The Demographic Highlights of a Changing New York," from 2000-2010 there was a citywide population growth of 2 percent from 2000-2010. During this period, the Bronx experienced a population growth of 3.9 percent, most of which occurred in the South Bronx. Comparatively, the Lincoln Medical Center and Morrisania service areas experienced a 15 percent population growth. Factors that may impact the growth in population include an influx of new immigrants, new housing construction and housing rehabilitation.

Table 2: Service Population by Zip code

Zip Code	2010 Census Data	Estimated Population 2015
Primary Service Area		
10451	44,526	45,384
10454	37,039	37,466
10455	39,174	40,316
10456	81,377	82,906
Subtotal	202,116	206,072
Secondary Service Area		
10452	79,328	82,493
10453	80,224	80,721
10457	75,837	78,059
10459	45,746	48,023
10472	66,448	66,884
10474	26,193	27,013
Subtotal	373,776	383,193
Total (Primary and Secondary)	575,892	589,265
Total Bronx	1,385,108	1,434,602

Source: 2011 HANYS, 2011 Claritas and U.S. 2010 Census Data.

Table 3: Total Service Population

2010 Total Population	575,892
2015 Total Population Projection	589,265
% Change 2010–2015	2.3

Source: 2011 HANYS, 2011 Claritas and U.S. 2010 Census Data.

Gender

According to the 2010 Census, women represented more than half (52 percent) of the residents in the combined service area.

Table 4: Projected Gender Distribution

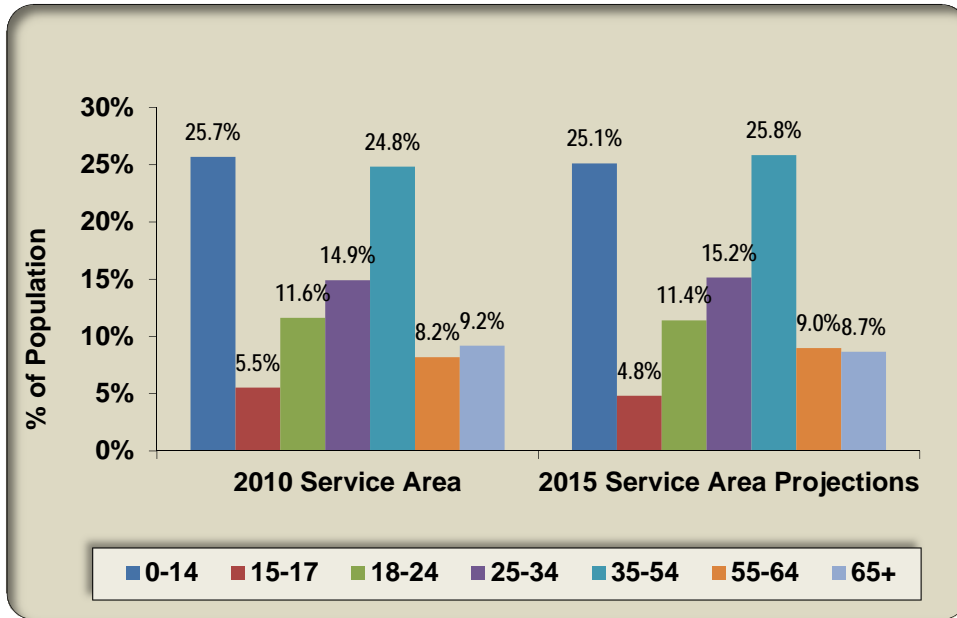
Gender	2010	2015	% Change
Total Male Population	275,028	283,517	3.1
Total Female Population	300,864	305,748	1.6

Source: 2011 HANYS, 2011 Claritas and Census Data.

Age

Lincoln Medical Center’s service area has a relatively young population, with approximately 26 percent of the population under age 15 (as compared to 19 percent in New York City).

Chart 1: Service Area by Age



Source: 2011 HANYS, 2011 Claritas and U.S. 2010 Census Data.

**Table 5: Projected Age Distribution
(Catchment Area Above Combined)**

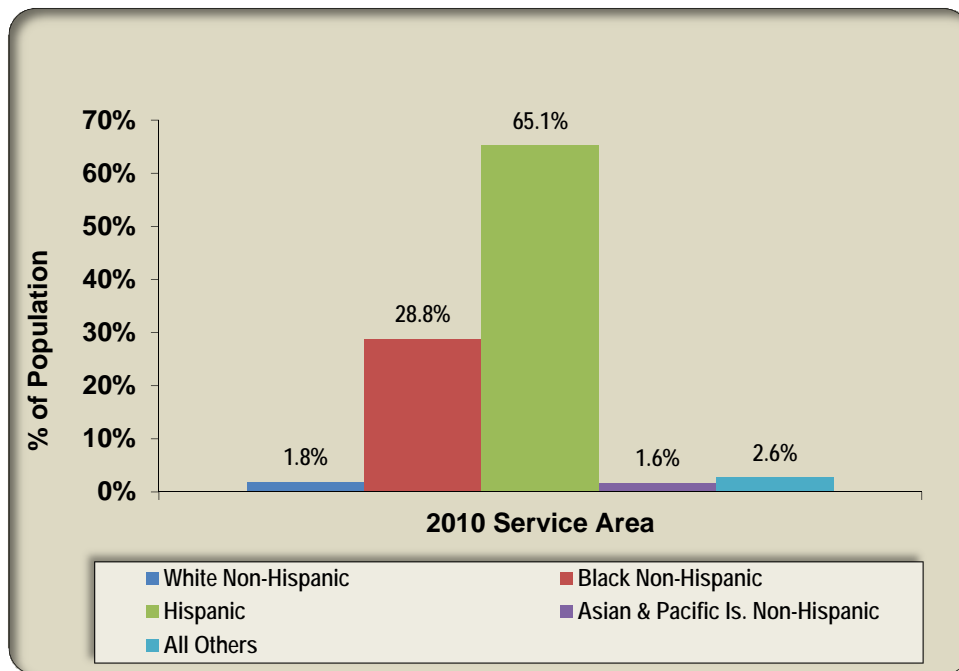
Age Group	2010	% of Total	2015	% of Total
0-14	146,825	25.7	147,992	25.1
15-17	30,445	5.5	28,403	4.8
18-24	68,809	11.6	67,208	11.4
25-34	88,371	14.9	89,293	15.2
35-54	150,492	24.8	152,322	25.8
55-64	45,641	8.2	52,951	9.0
65+	45,309	9.2	51,096	8.7
Total	575,892	100.0	589,265	100.0

Source: 2011 HANYS, 2011 Claritas Data and 2010 U.S. Census Data.

Ethnicity

The communities served by Lincoln Medical Center are primarily Hispanic (65.1 percent) and African American (28.8 percent). The Bronx as a whole has the largest Latino population in New York City. And while one of every two Bronx residents is of Hispanic descent, nearly one-third are foreign-born. Over the last few years, since 2004, the Mexican population in the Bronx has increased by more than 35 percent (U.S. Census Bureau, 2002-2009 American Community Survey).

Chart 2: Service Area by Ethnicity



Source: 2010 HANYS, 2010 Claritas and U.S. 2010 Census Data.

Table 6: Service Area Ethnic Distribution

Race/Ethnicity	2010 Population	% of Total
White Non-Hispanic	10,518	1.8
Black Non-Hispanic	165,704	28.8
Hispanic	375,151	65.1
Asian Non-Hispanic	9,260	1.6
All Others	15,259	2.6
Total	575,892	100.0

Source: 2010 HANYS, 2010 Claritas and 2010 U.S. Census Data.

Response to Diversity: Cultural and Language Accommodations

In a city as diverse as New York City, patients are primarily ethnic minorities and many are immigrants from countries where their primary language is not English. Approximately sixty-one percent (61 percent) of the patients seen at Lincoln Medical Center are Hispanic, 29 percent are Black, less than 1 percent is Asian, 1.5 percent is White, and the remaining 7 percent come from other racial backgrounds. Among the ethnic groups represented are African-Americans, West Indians (of French, Dutch or English cultural backgrounds), Hispanics from Puerto Rico, Central and South America and the parts of the Caribbean, Asians (including India, Pakistan, China, Korea), Africans, and people from the Middle East and Europe. With regard to immigration, based on data from the Immigration and Naturalization Services, the largest group comes from the Dominican Republic and Mexico. In addition to lack of adequate health insurance, immigrant groups naturally face some obstacles, such as navigating what could sometimes be a very complex system to obtain care.

- According to the 2008 American Community Survey: Dominican Republic ranks number 1 and Mexico number 4 as the largest immigrant groups in New York City. China is number 2. This data is used by the Mayor's Office of Immigrant Affairs.
<http://www.nyc.gov/html/imm/html/news/stats.shtml>
- Also, in 2006 the New York City Department of Health and Mental Hygiene (NYCDOHMH) released a report called, "The Health of Immigrants in New York City." This report highlights the difficulties immigrants have in obtaining health. This is the latest report available.

One of our strategic objectives is to increase accommodation for the different languages spoken by the patient population and increase staff awareness and understanding of different religions and cultures. The most prevalent languages other than English (in alphabetical order) include: Bengali, Chinese, French, Haitian Creole, Hindi, Korean, Polish, Russian, Spanish, and Urdu.

In order to address language barriers, we have implemented a Language Assistance Department with qualified medical interpreters. Telephonic services are used for languages not covered by in-person interpreters and may also be used if the patient is uncomfortable with having a third person in the examination room. These services are available on a 24-hour basis. Essentially, any patient who requires services is provided an opportunity to obtain information through a certified interpreter over the phone. In this way, they could access pertinent information in their own language. HHC-wide, our patients speak over 64 languages and \$7 million a year is spent on interpretive services. In addition, HHC has recently partnered with the City University of New York to offer a “medical interpreter” curriculum at Eugenio Maria de Hostos Community College for Hospital employees.

Income

The median household income for residents of the Bronx is well below that of New York City. For example, as indicated in Table 7, the median household income for head of households is \$32,893; in comparison, the median household income for New York City is \$50,333.

Table 7: Household Income Levels

Income	Bronx		NYC	
	Estimate	Percent	Estimate	Percent
Total Households	477,855		3,087,496	
Less than \$10,000	82,458	17.3	343,401	11.1
\$10,000 – 14,999	42,299	8.9	195,256	6.3
\$15,000 – 24,999	69,331	14.5	327,941	10.6
\$25,000 – 34,999	56,247	11.8	293,311	9.5
\$35,000 – 49,999	65,673	13.7	382,982	12.4
\$50,000 – 74,999	71,606	15.0	493,074	16.0
\$75,000 – 99,999	43,303	9.1	336,401	10.9
\$100,000 – \$149,999	33,215	7.0	361,622	11.7
\$150,000 – \$199,999	8,331	1.7	150,317	4.9
\$200,000 or more	5,392	1.1	203,191	6.6
Median Household Income	\$32,893		\$50,033	

Source: U.S. Census Bureau, 2009 American Community Survey.

Additionally, 35.8 percent of households in Lincoln Medical Center’s service area (Table 8) earns less than \$15,000 (compared to 12.1 percent of U.S. Households), and 49.9 percent earn less than \$25,000 (compared to 22.3 percent of U.S. Households).

Table 8: Household Income Distribution in Lincoln Medical Center’s Catchment Area

2010 Household Income	Income Distribution		
	HH Count	% of Total	U.S. % of Total
<\$15K	64,783	35.8%	12.1%
\$15 – 25K	25,601	14.1%	10.2%
\$25 – 50K	45,803	25.3%	25.5%
\$50 – 75K	23,465	13.0%	19.5%
\$75 – 100K	10,443	5.8%	12.5%
Over \$100K	10,947	6.0%	20.1%
Total	181,042	100.0%	100.0%

Source of Market Data: 2010 Census, 2010 HANYS, 2010 Claritas.

Catchment Area: Primary (10451, 10454, 10455, 10456) and Secondary (10452, 10453, 10457, 10459, 10472, 10474).

Furthermore, more than 60 percent of the population residing within Lincoln Medical Center’s service area receive some form of public assistance (Medicaid, Temporary Assistance for Needy Families (TANF), and/or Social Security Income), in comparison to the Bronx at 46.7 percent and New York City at 35.3 percent.

Table 9: Population Receiving Assistance

Community	Type of Income Support			% Population Receiving Assistance
	Cash Assistance (TANF)	Medicaid Only	SSI	
CD 1 Mott Haven	11,380	31,484	10,507	65.0
CD 2 Hunts Point	7,070	16,853	5,368	62.6
CD 3 Morrisania	10,162	26,645	8,899	66.7
CD 4 Highbridge	17,711	53,017	12,620	59.7
Bronx	123,022	395,609	103,920	46.7
NYC	344,982	2,072,021	413,762	35.3

Source: Community District Profiles: Bronx and NYCCY ‘10.

Reviewing Community Health Statistics

In addition to being a predominately low-income minority community, the South Bronx exhibits some alarming health trends. Due to environmental stressors in urban communities, such as a predominance of fast food restaurants, high crime rates, and poor air quality due to air pollution and congested neighborhoods, research has proven that persons of lower socio-economic status are more likely to have greater exposure to unhealthy lifestyles and exhibit behaviors that place them at greater risk for many preventable conditions and diseases. As a premier safety net hospital, Lincoln Medical Center remains at the forefront in addressing the major health disparities facing the community, and has directed its efforts towards improving the health status of the population. The following section provides further details on these pressing health concerns.

Mortality Rates

Lincoln Medical Center's service area has a higher prevalence of preventable diseases and higher mortality rates. For example, New York City Department of Health and Mental Hygiene (NYCDOHMH) 2009 Vital Statistics (Table 10) indicate that Morrisania has one of the top 5 highest mortality rates in New York City for Diabetes. Additionally, Highbridge, Morrisania and Mott Haven have three of the highest mortality rates in the City for HIV Infection. Morrisania also has one of the highest mortality rates in the City for Mental Disorders due to Substance Abuse and Accidental Poisonings.

**Table 10: Mortality Rate Comparison—
Lincoln Medical Center's Service Population, Bronx and New York City**

Selected Causes of Death	Mott Haven	Hunts Point	Morrisania	High-bridge	Bronx	NYC
Heart Disease	158.6	181.6	149.5	138.5	207.3	239.4
Malignant Neoplasms	109.4	115.4	145.7	127.2	144.0	157.1
HIV Infection*	36.1	17.0	63.2	46.9	22.8	11.1
Diabetes**	25.2	24.6	34.8	26.8	24.8	20.1
Chronic Lower Respiratory Disease	23.0	9.5	20.6	17.4	21.3	18.2
Pneumonia and Influenza	21.9	28.4	21.9	22.1	26.7	27.1
Cerebrovascular Disease	14.2	11.4	14.2	16.7	16.3	17.3
Mental Disorders Due to Substance and Accidental Poisoning***	13.1	15.1	15.5	8.7	12.2	8.3
Accidents Except Drug Poisoning	12.0	11.4	10.3	10.0	11.3	12.0
Chronic Liver Disease and Cirrhosis	9.8	9.5	6.4	10.7	7.0	5.9
Homicide	8.8	13.2	16.8	4.7	7.9	5.9
Infant Mortality	7.6	5.5	7.0	6.2	6.4	5.4
Suicide	2.2	1.9	6.4	4.7	5.9	5.7

Source: New York City Department of Health and Mental Hygiene 2009 Vital Statistics.

Notes for Table 10:

Infant Mortality rates are per 1,000 live births. All other rates are per 100,000 population.

*Top 5 Service Areas in NYC-HIV: 1. Morrisania; 2. East Harlem; 3. Highbridge; 4. Brownsville; 5. Mott Haven.

**Top 5 Service Areas in NYC-Diabetes: 1. Crown Heights South; 2. Bedford Stuyvesant; 3. East Harlem; 4. Crown Heights North; 5. Morrisania.

***Top 5 Service Areas in NYC-Mental Disorders: 1. East Harlem; 2. Morris Heights; 3. Central Harlem; 4. Morrisania; 5. Hunts Point.

Maternal and Infant Health Indicators

The New York City Department of Health and Mental Hygiene 2009 Vital Statistics indicate that Mott Haven and Highbridge have the highest live birth rate in the Bronx and ranks among the top 5 in New York City. Additionally Table 11 shows that Lincoln’s service area is disproportionately impacted by low birth weight and infant mortality, as compared to New York City.

Table 11: Community District Comparison of Live Births by Selected Characteristics

Selected Birth Characteristics	CD 1 Mott Haven	CD 2 Hunts Point	CD 3 Morrisania	CD 4 High-bridge	Bronx	NYC
Live Birth Rate*	19.2	18.8	19.0	19.2	15.7	15.1
% Low Birth Weight	9.6	10.6	11.2	9.5	10.0	8.8
% On Medicaid**	87.7	86.3	84.3	83.5	78.5	59.6
Infant Mortality Rate***	7.6	5.5	7.0	6.2	6.4	5.3

Source: New York City Department of Health and Mental Hygiene 2009 Vital Statistics.

*Live Birth Rates are per 100,000 population.

**On Medicaid includes Family Health Plus, CHPlusB and Other Govt Agencies

***Infant Mortality rates are per 1,000 live births.

Top 5 Service Areas in NYC-Live Birth Rate: 1. Borough Park; 2. Sunset Park; 3. Tribeca; 4. Mott Haven and Highbridge; 5. Williamsburg.

Teenage Pregnancy

Table 12 provides an overview of selected data on live births to teenagers (age <20). Morrisania and Hunts Point have among the highest percentage of low birth weight babies born to teenagers in the Bronx. The data also indicates that teenage pregnancy rates for Mott Haven, Hunts Point and Morrisania have remained consistent from 2007-2009, while these areas continue to have the highest percentage of live births to teenagers in New York City overall.

**Table 12: Community District Comparison
of Live Births to Teenagers by Selected Characteristics**

Selected Birth Characteristics	CD 1 Mott Haven	CD 2 Hunts Point	CD 3 Morrisania	CD 4 High- bridge	Bronx	NYC
Live Birth Rate*	14.9	13.7	13.7	11.4	11.5	6.5
% Low Birth Weight	9.6	10.3	11.8	9.1	10.5	10.2
% On Medicaid**	89.9	87.4	81.3	81.7	85.3	85.3

Source: New York City Department of Health and Mental Hygiene 2009 Vital Statistics.

*Live Birth Rates are per 100,000 population.

**On Medicaid includes Family Health Plus, CHPlusB and Other Gov't Agencies.

Top 5 Service Areas in Bronx-Low Birth Weight Teens: 1. Throgs Neck; 2. Williamsburg; 3. Morrisania; 4. Fordham; 5. East Tremont.

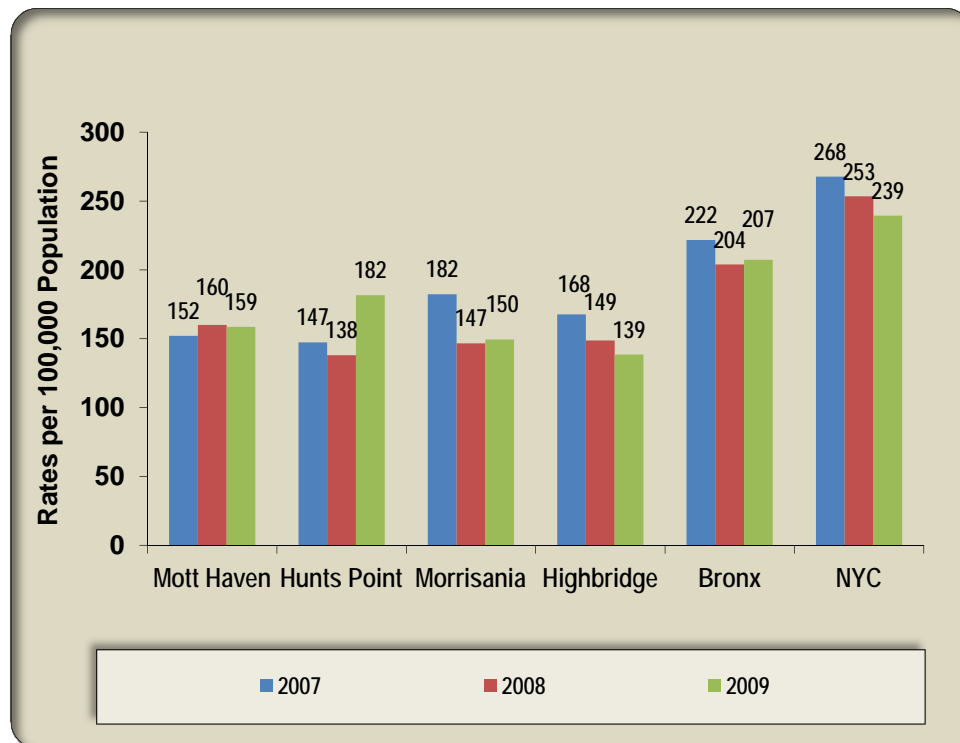
Top 5 Service Areas in NYC-Teen Pregnancy Rate: 1. Mott Haven; 2. Brownsville; 3. East Tremont; 4. Morrisania and Hunts Point; 5. Morris Heights.

It is important to note that the April 11, 2012 issue of the New York Daily News cited a recent report by the National Center for Health Statistics which indicated that teen births are at an all-time low nationwide and that New York had the ninth lowest rate among the states. Specifically, the article indicated that New York reported 23 births per 1,000 teens in 2010, which accounted for a 13 percent decline over three years.

Heart Disease

Consistent with local, state and national data, heart disease is the leading cause of death in Lincoln Medical Center's service area (see Table 3 on page 7). According to the 2007-2009 NYCDOHMH Vital Statistics, the Hunts Point community experienced a slight upward trend in mortality rates for heart disease, compared to the Bronx and New York City.

Chart 3: Heart Disease Mortality Rate Comparison 2007-2009



Source: NYCDOHMH 2007-2009 Vital Statistics.

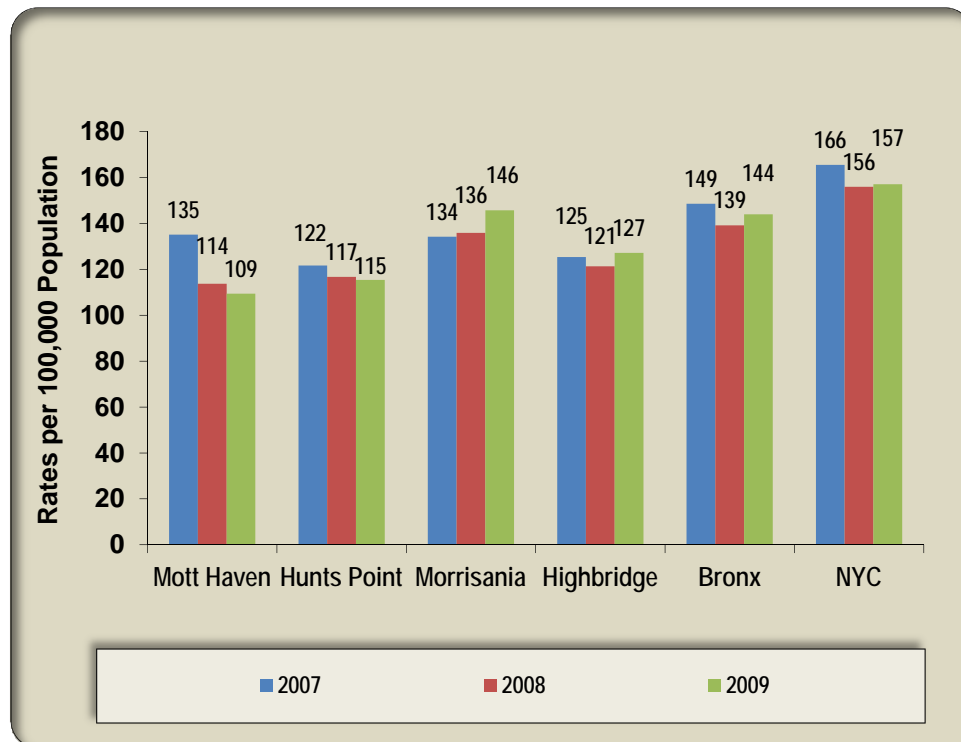
National Vital Statistics Reports. Rates are per 100,000 population.

Cancer

According to the NYCDOHMH Vital Statistics for 2007-2009 (Chart 4), cancer mortality rates in Lincoln Medical Center's service area are lower than the City average. New York City's cancer mortality rates per 100,000 decreased by 8.4 percent since 2007 (from 165.5 in 2007 compared to 157.1 in 2009). Similarly, over the same period, the Mott Haven and Hunts Point catchment areas show a downward trend for cancer mortality rates. Specifically, Mott Haven experienced a 25.7 percent decrease (from 135.1 to 109.4); and Hunts Point had a decrease of 6.3 percent (121.7 to 115.4). Conversely, Highbridge and Morrisania cancer mortality rates increased.

Specifically, Highbridge's rate increased by 1.8 percent (125.4 to 127.2), while Morrisania rate had the largest increase from 2007-2009, by 11.5 percent (134.2 to 145.7).

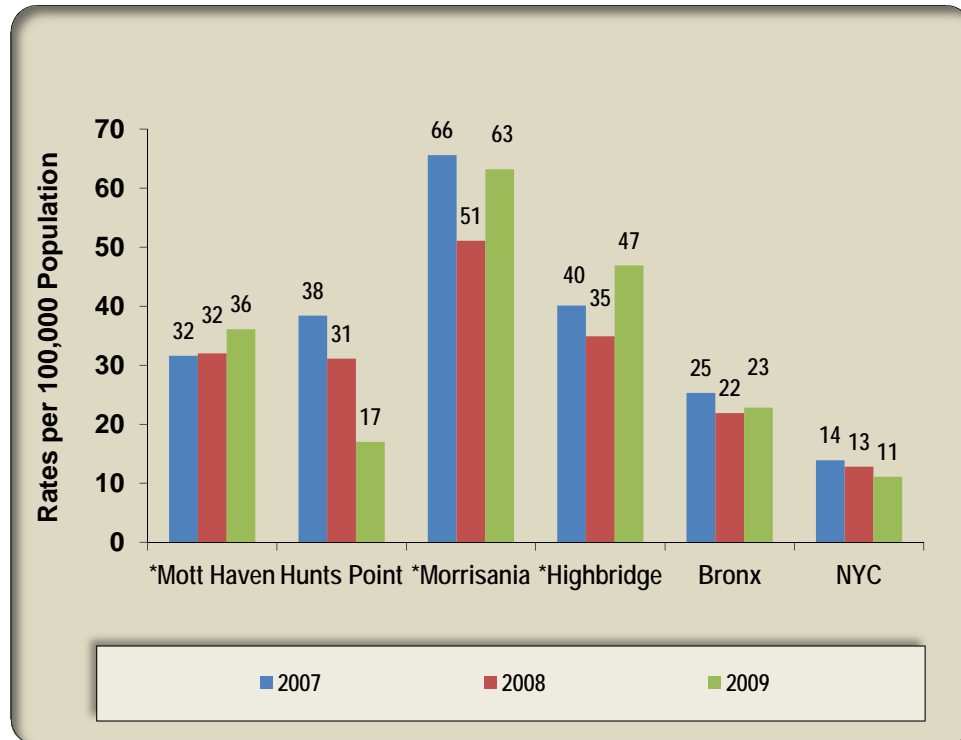
Chart 4: Cancer Mortality Rate Comparison 2007-2009



Source: New York City Department of Health and Mental Hygiene 2007—2009 Vital Statistics. National Vital Statistics Reports. Rates are per 100,000 population.

The NYCDOHMH 2007-2009 Vital Statistics indicate that Mott Haven, Highbridge and Morrisania have among the highest HIV mortality rates in New York City. However, Hunts Point experienced a substantial downward trend in mortality rates in 2009.

Chart 5: HIV Mortality Rate Comparison 2007-2009



Source: New York City Department of Health and Mental Hygiene 2007-2009 Vital Statistics.

National Vital Statistics Reports. Rates are per 100,000 population.

*Highest Rate in New York City

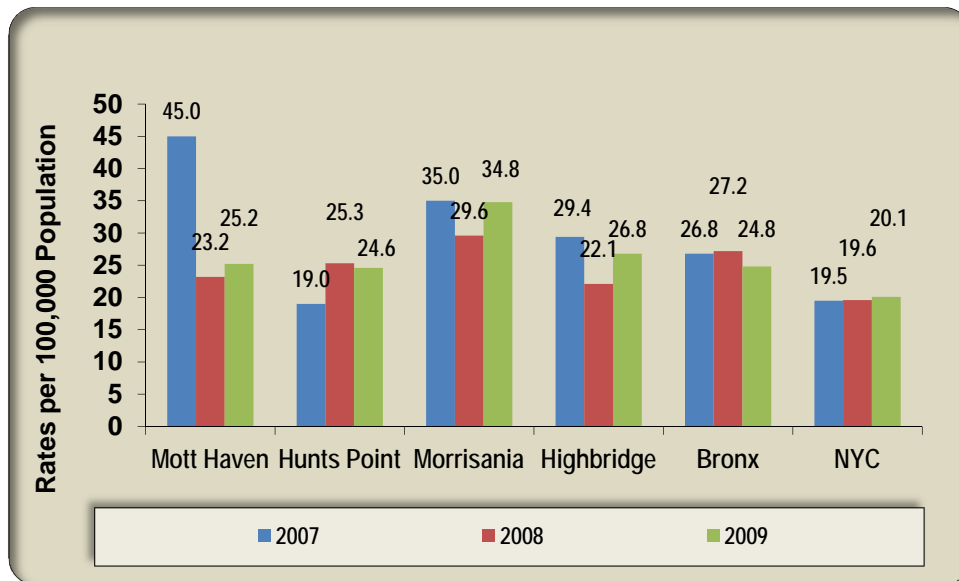
Diabetes

According to the Centers for Disease Control and Prevention (2011 National Diabetes Fact Sheet), 10.9 million U.S. residents aged 65 years and older had diabetes in 2010. Approximately 215,000 individuals under age 20 had diabetes (type 1 or type 2) in the United States in 2010 and about 1.9 million residents aged 20 years or older were newly diagnosed with diabetes during the same period.

The *Minority Health Surveillance Report* (County Edition 2010) published by The Office of Minority Health, Center for Community Health and Public Health Information Group indicates that among residents in New York State, Black non-Hispanic New Yorkers had the highest diabetes mortality rate (35.1 percent) compared to Hispanics (23 percent), White non-Hispanics (14.1 percent), and Asian non-Hispanics (10.7 percent). Black non-Hispanics also had a higher rate of hospitalization (48 percent) compared to this same group (27.6 percent; 11 percent; and 9.3 percent), respectively.

While the communities located in Lincoln's catchment area are disproportionately impacted by diabetes mortality rates, during 2007-2008 there were some changes noted for specific communities: for instance, as illustrated in Chart 6, diabetes mortality rates for Mott Haven showed a 48 percent decrease; Morrisania showed a 15.4 percent decrease; and Highbridge showed a 24.8 percent decrease, while all showed a slight upward trend again for 2009. Hunts Point showed an overall increase between 2007-2009 (29.5 percent increase). Still, for calendar year 2009, Morrisania ranks among the top 5 communities for diabetes mortality rates in New York City and the highest in the Bronx.

Chart 6: Diabetes Mortality Rate Comparison 2007-2009



Source: NYCDOHMH 2007-2009 Vital Statistics.

National Vital Statistics Reports. Rates are per 100,000 population.

Asthma

According to the Centers of Disease Control and Prevention (Vital Signs May 2011 Edition), about 1 in 9 (11 percent) non-Hispanic Blacks of all ages, and about 1 in 6 (17 percent) non-Hispanic Black children had asthma in 2009, the highest rate among racial/ethnic groups. Additionally, the greatest rise in asthma rates was among Black children (almost a 50 percent increase) from 2001 through 2009.

New York City Department of Health and Mental Hygiene 2008 data indicates that Lincoln's service area has the highest asthma hospitalization rates in the Bronx. The largest disparity is seen in the 35+ age group with hospitalization rates of 10.1 and 11.6 per 1,000 in Highbridge-Morrisania and Hunts Point-Mott Haven respectively, in comparison to 7.5 and 3.4 per 1,000 average rates for the Bronx and New York City.

**Table 13: Comparison of Asthma Hospitalization Rates
by Age and Community**

Age	Highbridge Morrisania	Hunts Point Mott Haven	Bronx	NYC
0-14	10.5	11.5	9.2	5.0
15-34	3.2	3.9	2.4	1.2
35+	10.1	11.6	7.5	3.4

Source: New York City Department of Health and Mental Hygiene, Asthma Initiative 2008.

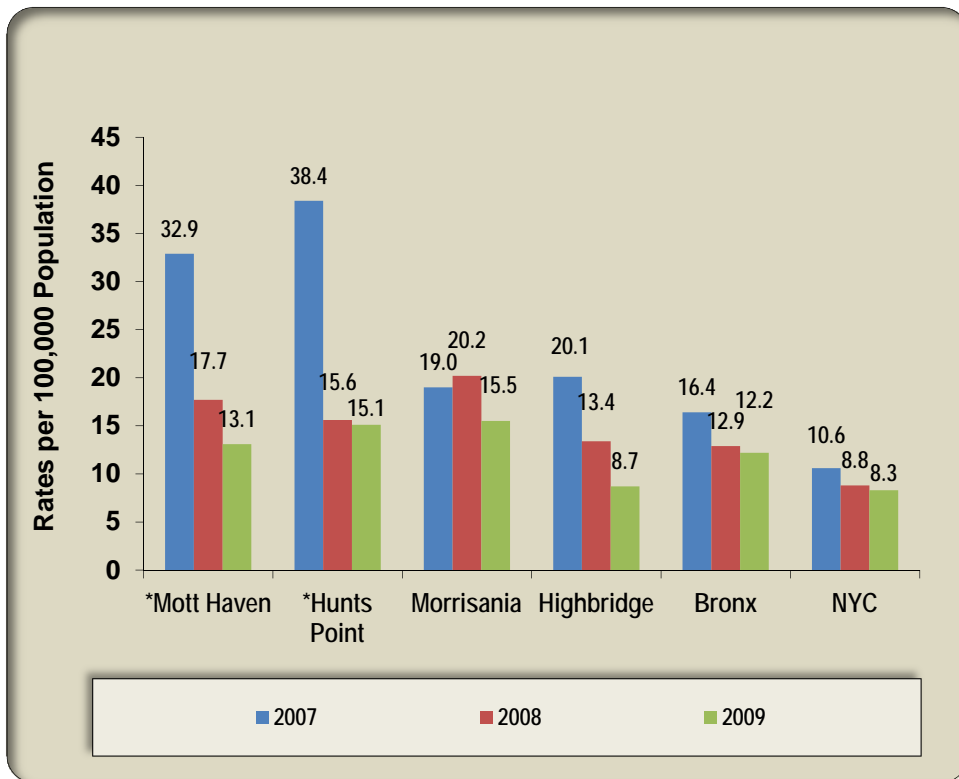
Original data Source: New York State SPARCS Data (updated 12/2009).

NOTE: Rates are per 1,000 population.

Behavioral Health

New York City Department of Health and Mental Hygiene Vital Statistics indicate that Mott Haven and Hunts Point had the highest mortality rates for mental disorders due to Substance and Accidental Drug Poisoning in New York City. Although the latest available data shows a decrease in Mortality rates from 2008-2009, Lincoln's service areas consistently rate among the top 5 citywide.

Chart 7: Mental Disorders Due to Substance and Accidental Drug Poisoning Mortality Rate Comparison 2007-2009



Source: New York City Department of Health and Mental Hygiene 2007-2009 Vital Statistics. Rates are per 100,000 population.

* Highest Rate in New York City.

Top 5 Service Areas in NYC-Mental Disorders: 1. East Harlem; 2. Morris Heights; 3. Central Harlem; 4. Morrisania; 5. Hunts Point.

II. Process and Methodology

Lincoln Medical Center conducts a Community Health Needs Assessment (CHNA) every three years to identify the healthcare needs of the community it serves. The 2012 CHNA is a collaborative effort between the community and Lincoln Hospital. It allows for the continual evaluation of hospital program effectiveness, and the strategies implemented to address the needs identified by the assessment. Consequently, this process has facilitated effective health and supportive care programs that appropriately address the needs identified by the assessment.

The CHNA process is guided by community input through the use of focus groups comprised of various stakeholders, including representatives from community based organizations (CBOs), faith-based institutions, schools, community residents and patients. Focus group participants were asked to respond to healthcare related questions (i.e., access, unmet needs, quality, resources, and others) specific to the communities in which they reside and/or represent. Input generated by the focus groups was then used to create a survey instrument designed to gauge residents' perceptions of major health concerns within the community. The surveys were made available in both English and Spanish consistent with the demographics and the primary languages spoken in the South Bronx.

The CHNA process has several components:

1. Focus groups that led to creation of a Community Survey.

A key step in gauging the community's knowledge and perceptions about prevalent health conditions was to develop a survey tool, which included input from focus groups and other stakeholders. Focus group participants were selected from various community based organizations, patients and community residents, representing the demographics Lincoln Medical Center's serves.

After input from various stakeholders, a CHNA survey tool, comprised of 22 primary questions, was developed and distributed. This tool was used to gather information from respondents on areas related to: demographic and socio-economic variables, health insurance coverage, health status, access to health education and information, views on community and family health conditions, utilization of Lincoln Medical Center's and primary sources of health care, among others. Over 1,200 surveys (600 English and 600 Spanish) were distributed throughout the community to Planning Boards, schools, senior centers, faith-based institutions, CBOs, community residents and patients. Three hundred and fifty-three (353), or close to 30 percent, of the surveys were completed and returned for assessment.

2. Focus Group of providers.

In March 2013 a subset of the key Survey questions were also posed to public health experts comprising Lincoln Medical Center's physician focus group. This ethnically diverse group of public health experts (which included Hispanics, Asians, African Americans and Caucasians) represented key clinical disciplines and/or services offered at the Hospital: Emergency Medicine, Psychiatry, Orthopedics, Pediatrics, Obstetrics/Gynecology and Medicine.

3. Supplementary, or secondary, sources of healthcare data.

To assist with reporting community health needs in depth, we supplemented the survey and focus group results with data that describes in additional detail the issues raised in those groups. These data came from a variety of primary and secondary sources, including: for population data, Claritas 2013, (U.S. Census data from Nielsen SiteReports, see 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, (www.nyc.gov/html/doh/html/data/survey.shtml), several city boroughs' Statements of Community District Needs, Fiscal Year 2013, prepared by New York City's community district boards and available at www.nyc.gov/html/dcp/html/pub/cdnd13.shtml, and data available from the New York State Department of Health website (www.health.ny.gov/statistics/). These data are presented as analyzed by the companies or agencies mentioned, or were further analyzed by HHC for purposes of this report.

III. Health Needs Identified

The CHNA survey yielded a response rate of close to 30 percent with 353 respondents. Below is a chart that graphically depicts the community’s perception of prevalent health conditions, which is followed by a section that reports on the programs and initiatives that Lincoln Medical Center has implemented in response to both the 2012 CHNA and community health statistics as reported by various health indicator reports (i.e, NYCDOHMH Vital Statistics and Community Health Profiles; Centers for Disease Control and Prevention, United Hospital Fund, and other relevant publications).

Note: Asthma and Alcohol Use were tied for first rank.

Chart 8: Community’s Perception of Major Health Conditions Within the Community vs. Personally Affected

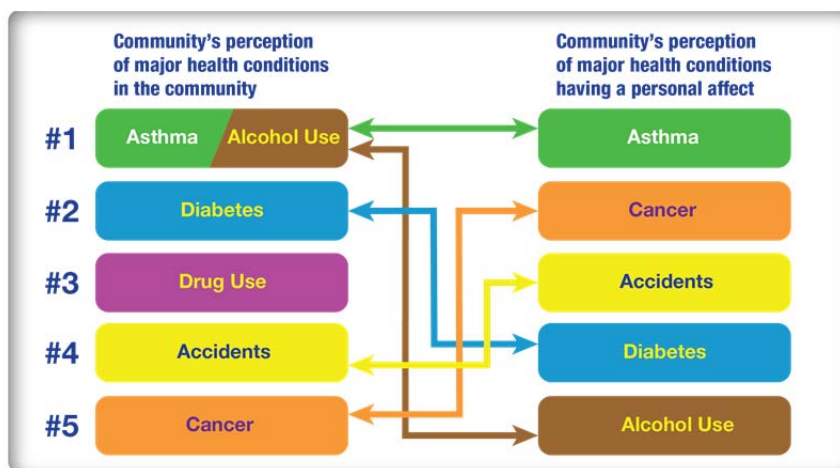
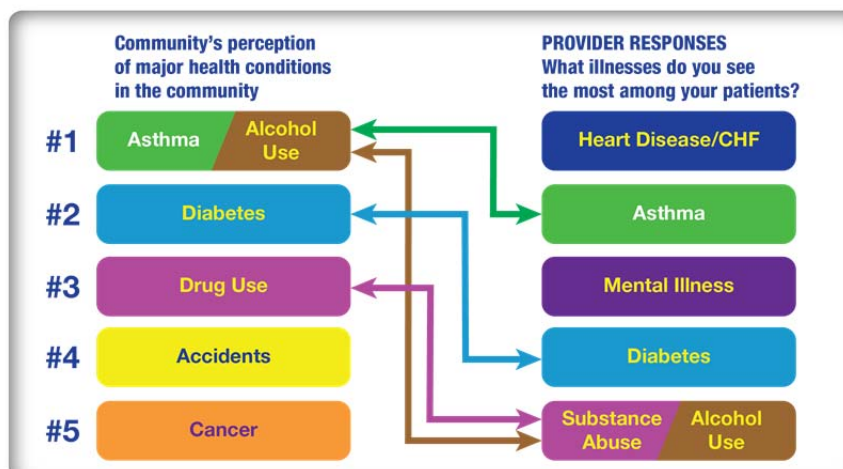


Chart 9: Major Health Conditions: Community’s Perception vs. Public Health Expert’s Observations



The survey results were consistent with the poor health outcomes noted in community health statistics abstracted from New York City Department of Health and Mental Hygiene (NYCDOHMH) Vital Statistics, National Vital Statistics Reports and disease specific publications. Also corroborating survey results is a February 2011 ABC News report that covered a study, titled "County Health Rankings," conducted by the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation, which found that, comparatively, the Bronx fared worse in rates of diabetes, asthma and obesity. Furthermore, the Bronx ranked number 59 in access to care, and last among 62 counties in life expectancy and socioeconomic factors (the Bronx has the highest rate of poverty). Also, the borough's unemployment rate is greater than the national average. These findings mirror that of our survey results and local health department statistical reports.

IV. Community Assets Identified

The following acute care hospitals also provide services in the Bronx: Bronx-Lebanon, St. Barnabas, Albert Einstein College of Medicine and Montefiore Medical Center.

Clinics and specialized treatment programs in the Bronx include:

- Albert Einstein College of Medicine’s Methadone Program
- All-Med Rehabilitation of New York
- Bronx Addiction Services Integrated Concepts System
- Care for the Homeless, Inc.
- Comprehensive Care Management Diagnostic and Treatment Center Inc.
- Dr. Martin Luther King Jr. Health Center Inc.
- Help/PSI Services Corporation
- Hunts Point Multi-Service Center Inc.
- La Casa De Salud Inc.
- Medalliance Medical Health Services
- Morris Heights Health Center
- Narco Freedom Inc.
- Montefiore North Wakefield
- Perry Avenue Family Medical Center
- Promesa Inc.
- Soundview Healthcare Network
- Union Community Health Center
- Urban Health Plan Inc.

V. Summary

The Community Health Needs Assessment (CHNA) was conducted in early 2012 in collaboration with the hospital's clinical and administrative leadership, representative staff from patient programs and clinical services, community stakeholders, and the Health and Hospital's Corporate Planning Department. The purpose of this Assessment is to identify existing and emerging healthcare needs of the local community so that Lincoln Medical Center can develop and support meaningful and effective clinical and support services for its patients.

The existing resources and gaps in services identified through this CHNA process have been reviewed by the CHNA team, and an Implementation Plan was created to list and prioritize needs from the Assessment and to articulate strategies and resources to address them.

Lincoln Medical Center's CHNA is aligned with several of the New York State Department of Health's Prevention Agenda Priorities for 2013-2017.

The survey and focus groups identified healthcare priorities for the community that Lincoln Medical Center services. These priorities were submitted to Lincoln Medical Center's leadership, which decided that the top five priorities identified by the community should be the focus of intensive efforts. This is in keeping with Lincoln Medical Center's overarching commitment to address the community's healthcare needs through implementing multifaceted community based clinical and outreach programs that have received national and regional acclaim.

VI. Implementation Strategy 2013-2015

In this section, for the five areas identified, we describe our responses to the needs. This is followed by descriptions of (a) additional strategies we employ to improve access to healthcare and (b) enhancements focused toward patient care.

Health Needs #1: Asthma and Alcohol Use

Lincoln's Response to Asthma

Adult Asthma and Allergy Clinic

Lincoln Medical Center developed several initiatives designed to provide asthma patients with the most effective treatment regimens to manage their asthma. Managing asthma requires a long-term multifaceted approach with four core components, including 1) assessment and frequent monitoring of asthma symptoms, 2) patient education, 3) control of environmental triggers, and 4) appropriate medications to control symptoms. Lincoln Medical Center 's multidisciplinary team of physicians, nurses, health educators, social workers, visiting nurses, pharmacists and clerical associates work together to provide the best comprehensive asthma care and access to care for patients.

Lincoln's Asthma Team

The asthma team is committed to minimizing the damaging effects that this disease has on men, women and children. Individualized medical care is tailored to each patient's specific needs. A detailed medical evaluation is taken to help each patient manage their symptoms and reactions to an impending asthma attack. The goal is to reduce the symptoms that trigger a reaction and ensure better quality of life for our patients.

Lincoln Medical Center's asthma team meets monthly to identify improved ways to assist patients in learning how to maintain control of their asthma. During clinic visits, every patient receives education regarding the causes of asthma, methods to reduce exposure to asthma triggers, description of medications and their side effects.

Asthma Action Plans

The Asthma Team establishes a plan to define patient treatment regimens based on the evaluation. Home visiting nurse services are offered to patients who are having difficulties managing their asthma symptoms and frequently utilize the emergency room, including a phone number to call in case of emergencies. These patients benefit from reinforcement of techniques learned at their asthma clinic visits and an assessment of the home environment to determine if there are additional environmental home interventions that may be used to decrease asthma triggers.

Lincoln's Response to Alcohol Use

PASA

The PASA (Program to Address Substance Abuse) team sees patients throughout the Emergency Department (ED) and medical services who present to the hospital with substances "on board". They conduct assessments and motivational interviewing, and refer to appropriate chemical dependency, detox or in-patient rehabilitation programs. This team is present every day of the week. Additional service referrals and treatment are offered in the Emergency Department through the SBIRT (Screening, Brief Intervention, and Referral to Treatment) program.

Recovery Center

Located at the Lincoln Medical Center affiliated Segundo Ruiz Belvis Diagnostic and Treatment Center, this internationally renowned Center offers services to individuals with chemical addictions. Services include acupuncture treatment, buprenorphine services, individual and group counseling sessions, vocational assessment and skill building, toxicology testing and a variety of educational and therapeutic services. Providing addiction treatment services for chemically dependent, the Recovery Center also refers individuals who are compliant with their treatment regimens for job training.

MICA Services

The MICA (mentally-ill chemical abusers) program provides services via referrals to patients who present to the Hospital's Emergency Department.

Mobile Crisis Unit

This team of behavioral health professionals provides short term crisis intervention services for adults, children and families within the community. Its goal is to avoid unnecessary hospitalization and to provide needed support and services. The unique program also works closely with schools and other organizations within the community to identify appropriate mental health issues and acts as a resource for service referrals.

Health Need #2: Diabetes

Lincoln's Response to Diabetes

Lincoln Medical Center received top recognition from the National Committee for Quality Assurance Diabetes Recognition Program for providing excellent care to patients with diabetes. This voluntary program recognizes medical professionals who use evidence-based measures in the provision of care. Clinical teams who achieve this recognition demonstrate to their peers, patients and others that they are among a privileged few recognized publicly for exceptional skills in providing the highest level of diabetes care. The Diabetes Recognition Program is designated by the Centers for Medicare & Medicaid Services as a registry for quality reporting for the Physician Quality Reporting Initiative (PQRI).

Our specialized education program focuses on type 1 and type 2 diabetes. Patients learn how to control obesity and prevent complications from the disease. Patients diagnosed with diabetes may take advantage of frequent classes staffed with bilingual instructors who have fashioned a curriculum that takes into account culturally influenced health beliefs, attitudes and practices. There are also specialized clinics and certified diabetes educators for pediatric, pregnant and adult diabetics. This program provides self-management education services that meet or exceed national standards.

Lincoln Medical Center also participates in the HHC sponsored Chronic Disease Collaborative. The focal point is to redesign systems to improve care and clinical outcomes for patients with diabetes, heart failure, depression and pediatric asthma. The Collaborative focus is to improve the control of risk factors using data and information systems to support proactive care and improve self-management skills. The long term goal is to maximize the length and quality of life for people with chronic diseases.

Health Need #3: Drug Use

Lincoln's Response to Substance Abuse

Substance Abuse

The Department of Behavioral Health is staffed by a multidisciplinary team of psychiatrists, licensed clinical psychologists, nurses and social workers who work collaboratively to develop recovery plans tailored to meet the clients' individual needs.

Lincoln Medical Center's Behavioral Health Services operates the Recovery Center located at its affiliated off-site Segundo Ruiz Belvis Diagnostic and Treatment Center. The Center offers services to individuals with chemical addictions. Services include acupuncture treatment, buprenorphine services, individual and group counseling sessions, vocational assessment and skill building, toxicology testing and a variety of educational and therapeutic services. The Recovery Center also refers individuals who are compliant with their treatment regimens for job training.

Lincoln Medical Center's Department of Behavioral Health provides comprehensive mental health services to individuals and families. A continuum of services is offered that includes inpatient as well as outpatient psychiatric care. The department is staffed by a multidisciplinary team of psychiatrists, licensed clinical psychologists, nurses and social workers who work collaboratively to develop recovery plans tailored to meet the clients' individual needs.

A full list of services provided is listed on page 28 in *Lincoln's Response to Alcohol Use*.

MICA Services

The Mental Illness and Chemical Abuse/Addiction Program (MICA) provides services and referrals to mentally ill substance abusers presenting to the Hospital's Emergency Department (ED) and other services within the department. In the Psychiatric Emergency Room (ER) there is a Credentialed Alcohol and Substance Abuse Counseling (CASAC) Addiction Counselor who provides assessment and referrals for MICA patients seen in Psych ER. This specific program which is funded by the New York City Department of Health and Mental Hygiene operates weekdays during normal business hours. On weekends and evenings these patients are seen by the Emergency Department Social Work team.

MICA patients are also served in the Adult Outpatient Mental Health Clinic on 7B. The Adult Outpatient Services Program provides mental health services to adults over the age of eighteen, including assessment, treatment planning, individual, group and family counseling, case management and crisis intervention to reduce mental and emotional distress. Our mental health specialists provide adults with the support and skills needed to manage and recover from difficult emotional, addictive and behavioral health issues. Groups for patients with co-occurring disorders are led by a Social Worker who is CASAC trained. In addition, coordinated care is provided for patients being seen in the Recovery Center and 7B.

Health Need #4: Accidents

Lincoln Medical Center's Response to Accidents

Injury Prevention Program

Lincoln Medical Center has a multifaceted injury prevention program which includes Community Outreach Educators, preventative health assessments, ED assessments and substance abuse intervention. Each component incorporates the use of effective and appropriate referrals to hospital and community resources. The ED recently implemented the Screening, Brief Intervention and Referral to Treatment (SBIRT) program as a means of reducing the risk of injury recurrence. SBIRT is a comprehensive approach to the delivery of early intervention and treatment services for persons with alcohol and substance use disorders, as well as those who are at risk of developing these disorders. The ED setting provides opportunities for identifying those patients at-risk through motivational interviewing and the use of screening tools such as the Alcohol Use Screen (AUDIT), Drug Abuse Screening Test (DAST) and CRAFFT (for patients aged 14-18 years). CRAFFT is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It is a mnemonic acronym of first letters of key words in the six screening questions. Early intervention with at-risk substance users has been shown to reduce the risk of injury recurrence. The ED at Lincoln Medical Center has partnered with The NYC Department of Health, Bureau of Alcohol & Drug Use Prevention Care and Treatment to provide on-site training and certificates of completion for the Emergency Department resident and attending staff. Using a structured skill-based intervention improves emergency medicine residents' knowledge and practice in screening and intervening with patients presenting to the ED with alcohol and substance use problems. Over 30 percent of traumas are related to alcohol and/or drug use. Assessments include specific protocol questions and appropriate referrals to community and hospital resources. Referrals are also made to the PASA (Program to Address Substance Abuse, Dependence and Withdrawal) program to provide more intensive counseling while still in the hospital. Through the use of Community Outreach Educators, we focus on use of window guards, car seats and bike helmets. Preventive health assessments include age-appropriate assessments for safe sleep positions for children, use of car seats, bike helmets and window guards, and lead paint safety. An assessment is also made to determine access to guns, and alcohol and or drug use.

Health Need #5: Cancer

Lincoln Medical Center's Response to Cancer in the Community

Cancer Center

Lincoln Medical Center's Cancer Center provides comprehensive preventive screening, diagnostic and treatment services of the highest quality to cancer patients. Our team of highly trained clinicians is committed to providing compassionate, patient centered care that combines the latest advances in cancer treatment with state of the art technology.

In 2009, the American College of Surgeons Commission on Cancer bestowed its prestigious Outstanding Achievement Award to Lincoln Medical Center's Cancer Center. This award recognizes cancer programs that strive for excellence in providing quality care to cancer patients. Additionally, Lincoln Medical Center received Breast Center accreditation again in 2012 by the National Accreditation Program for Breast Centers (NAPBC). And in 2010, the American College of Radiology designated Lincoln a Breast Imaging Center of Excellence.

Viva Mujer (Long Live Women), Viva Los Hombres (Long Live Men)

The Viva Mujer (Long Live Women), Viva Los Hombres (Long Live Men) and For You, For Life! Cancer Outreach Programs promote public education in the areas of cancer screening, prevention and early detection. These programs are very important to the community because many of its members are immigrants. As newcomers to the country, they are sometimes intimidated by the culture, language, and beliefs, and are not familiar with the healthcare system and the various services available to them. Our staff and volunteers help to break some of these language and socio-cultural barriers, which at times become an obstacle to obtaining much needed cancer screening. The Cancer Center maintains a designated cancer resource center (library) that is available to the public, patients and their families. Literature is obtained regularly from the American Cancer Society, the National Cancer Institute and other cancer related sources. Public Health Educators, Community Liaison workers and Patient Navigators, with the assistance of trained volunteers, provide outreach and public education to the community.

The program's aim is to provide education and screening services for breast, cervical and prostate cancer to community residents that lack health insurance. These services are provided at little or no cost. Our goal is to increase awareness and convey the message that early detection, by annual screening compliance, is the best defense against cancer. The outreach team coordinates onsite annual screening events such as Women's Day, Mother's Day, Father's Day, Take Care New York and 1st Saturday in October (mammograms) Campaigns. In addition, the outreach team participates in different local events where information, education, distribution of educational materials and appointments for services are provided.

For women we provide comprehensive health services that include cancer-related care. Our services include routine gynecology, breast health, family planning, obstetrics, prenatal care, rapid HIV testing and counseling, and a wide array of diagnostic, specialty and treatment services including, ultrasound, cervical and breast cancer screenings (mammography and pap smears), colonoscopy, genetic counseling, women's options, treatment for conditions related to endocrine, urology, hematology/oncology, chemotherapy, treatment of infectious diseases, and high-risk obstetrics.

Cancer Outreach, Education and Support Services

Lincoln Medical Center also supports several outreach, education and support programs that encourage timely cancer screening, linkages to services, and provides programs that offer emotional

and educational support through established peer group meetings for cancer patients, survivors and family members. Established peer groups include: Breast Cancer Support; Look Good, Feel Better Group (teaches women receiving chemotherapy how to apply make-up and care for their skin); I Can Cope (teaches cancer patients about nutrition and pain management); and Guided Imagery (teaches relaxation techniques); Viva Mujer and Viva Los Hombres (provide outreach and early cancer detection screenings for men and women) and; Hombre a Hombre (provides a prostate cancer education support group for men).

Strategies to Improve Access to Health Care

Community Health Education and Outreach Program

For all the community needs listed above, the Hospital's Community Health Education and Outreach (CHEO) program promotes healthy living by raising awareness about accessible preventive and wellness programs, which Lincoln Medical Center offers at little or no cost to the communities we serve. Our team of public health educators collaborates with our doctors and nurses to offer a dynamic curriculum of innovative healthcare programs to community groups. The team conducts workshops, health fairs, health screenings and educational forums on a variety of health topics, including diabetes, high blood pressure, asthma, and cancer, behavioral health, women's and men's health, senior health, health insurance, nutrition, STDs, HIV and many others. Outreach also collaborates with Lincoln Medical Center's providers and nurses to offer screening services, including high blood pressure, diabetes, colorectal, PSAs, cholesterol, mammograms, and others.

Lincoln Medical Center's CHEO department has established more than 500 linkages with various community-based organizations, including schools, community planning boards, faith based organizations, senior centers, youth centers, tenant associations, day care centers, foreign consulates (i.e., Mexican and Venezuelan, Colombian, among others). These organizations are considered the "life blood" of the communities served by Lincoln Medical Center.

Highlights of Outreach Activities

During 2012, Lincoln Medical Center sponsored a total of 24 Health Fairs and participated in an additional 201 events, including CBO sponsored health events, workshops, taxi base screenings and other forums. The Outreach team, in collaboration with Lincoln's providers, nurses, managed care staff and other disciplines, serviced more than 14,870 individuals, provided more than 2,930 screenings, facilitated 171 "Kept" appointments, distributed some 27,940 plus health education literature and enrolled 83 individuals in HHC Options. Additionally, more than 7 new linkages were established with community-based organizations.

Sponsored Health Fairs and Workshop Presentations: Outreach collaborates with various community-based organizations to coordinate exclusive health fairs geared to the specific health topic(s) for which the organizations' constituents are most interested. CHEO invites city agencies and local not for profits to participate in these events as well as ensures the presence of HMOs to offer access to health insurance.

School Based Initiatives: Outreach collaborates with more than twenty (20) schools in the Hospital's catchment area. Public Health educators work with the Hospital's clinicians, youth organizations, NYPD, and other outside speakers to conduct workshops and host educational forums on many topics specific to youth, including Self Esteem, Dating, Obesity, Nutrition, Teen Pregnancy, STDs, HIV, Gang Awareness, among other relevant topics. Outreach attends Quarterly Parent Coordinators Meetings (School District 7) to keep abreast of community school issues.

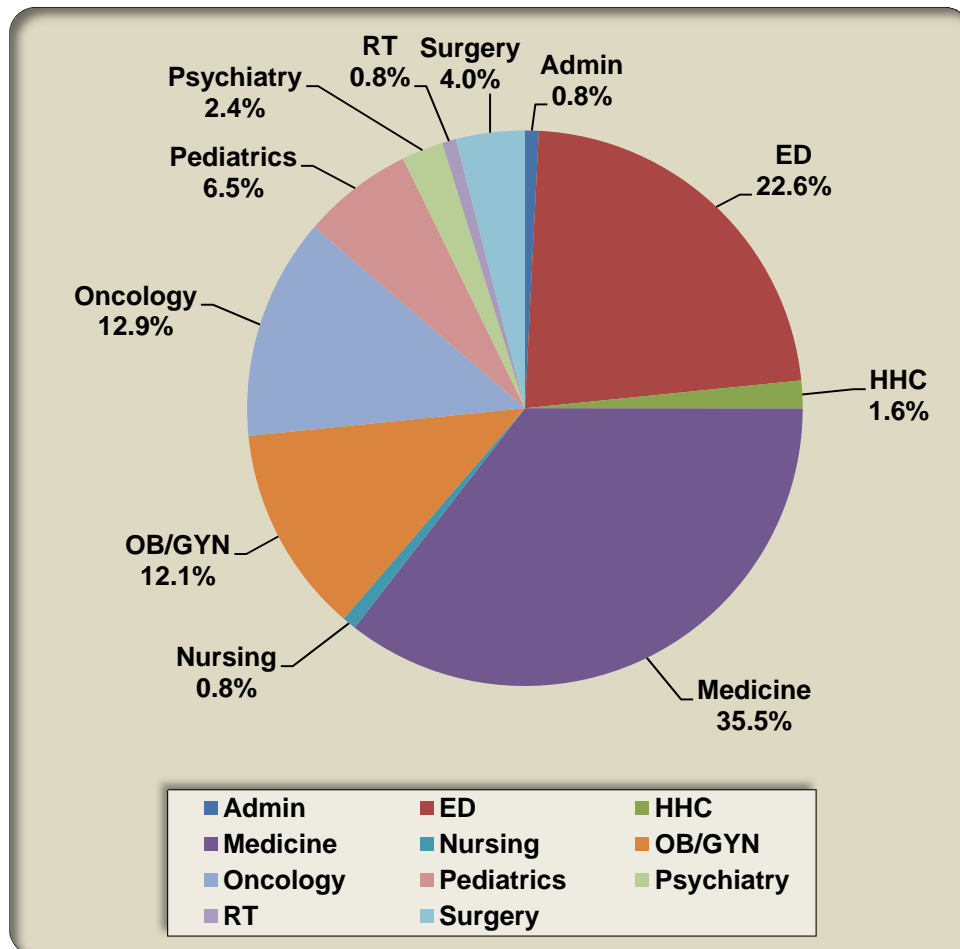
Men's Health Taxi and Limousine Initiative: Lincoln Medical Center received national recognition for improving local health conditions. In October 2008, the Robert Wood Johnson Foundation awarded Lincoln Medical Center's Director of Community Health Education and Outreach with the *2008 Community Health Leaders Award* for implementing the *Taxi and Limousine Health Screening Program*, an initiative that provides free health screenings for hundreds of taxi drivers where they work (South Bronx and East Harlem communities). Lincoln Medical Center's unique program was one of eight to receive this national recognition, which considered 800 nominations from across the United States. The initiative provides colorectal and prostate cancer screenings and appointments for health exams. Outreach also provides education on health topics related to Men's Health such as Diabetes, High Blood Pressure, Stroke Awareness, Domestic Violence, Smoking, HIV/AIDS and Prostate Cancer, and others. Currently there are 35 taxi bases where this service is being provided. Since the program's inception in 2005, Outreach has served more than 5,100 taxi drivers.

Lincoln Medical Center /New York Yankees Joint Immunization Initiative: Since 2008, Outreach has collaborated with the New York Yankees to coordinate annual immunization events on-site at Yankee Stadium. Over 3,400 children, ages 7 to 18 years old, have been vaccinated via this initiative, which has become a yearly event. For those who miss the stadium immunization activities, the campaign continues on-site at Lincoln Hospital.

Lincoln Medical Center Art Exchange In February 2012, Lincoln Medical Center established the Lincoln Medical Center Art Exchange Program, which offers eligible NYC-based artists and art workers who do not have health insurance, an option to exchange their creative services for comprehensive healthcare. This program benefits both our patients and the community we serve.

Research

Research also plays an important role in meeting the community's needs. Hospital based research led to the development of many of our pioneering methods of diagnosis and treatment. The Hospital has sponsored research studies in Asthma, AIDS, Cancer, Heart Disease, High Risk Obstetrics, Diabetes and Behavioral Health. The pie chart below presents an overview of the Clinical Departments participating in these research protocols.



Lincoln Medical Center's Research infrastructure has grown in its expertise and support of faculty and resident research. It includes the following divisions: Research Assistant Program, Empire Clinical Research Investigator Program (ECRIP) Fellowships and Lincoln's Center for Collaborative Community Research (LCCCR). Lincoln Medical Center's Research Assistant Program is well established and features a unique bilingual personnel based program funded by Lincoln Medical Center's Administration to support all Graduate Medical Education (GME) research and meet Residential Review Committee (RRC) requirements. Through the Research Assistant Program, Lincoln has sustained an increase in presentations and publications. For example, in 2012, there were 141 presentations, 23 publications and 128 ongoing projects. Lincoln Medical Center also offers ECRIP fellowships to GME eligible candidates to further their careers in academic research. Through the ECRIP fellowship program, we have funded a consultant from Weill Cornell Medical College under a "SMART" or Seminars in Medical Academic Research Training to assist in the design and analysis of research studies. The scientific support provided through ECRIP provides an immeasurable benefit to house staff and residents. Lincoln Medical Center for Collaborative Community Research (LCCCR) is an academic-community partnership committee which promotes public health, medical practice and research, health care, health education and training through a community-based participatory research

(CBPR) approach. CBPR is defined as a "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings." LCCCR is staffed by a well-qualified Manager and Coordinator to support faculty level research and oversee research compliance. The LCCCR also has a strong community collaborative that is well attended by local community based organizations, the local public health office, academic partners and Lincoln's Community Outreach, Grants and Public Affairs Departments with a goal to improve community health.

In total, there are more than fifteen (15) grant-funded projects currently ongoing at Lincoln that are collaborative projects with academic centers such as Weill Cornell Medical College, New York University, State University of New York at Downstate, Hunter College of Nursing and Memorial Sloan Kettering Center. These collaborative relationships have been enhanced through LCCCR. Given our strong community outreach and collaborations, Lincoln Medical Center has the opportunity to play a critical role in engaging academic centers in translational and community based research through federal funding mechanisms. Lincoln Medical Center owns an internal Institutional Review Board (IRB) that supports and facilitates all medical staff driven research at Lincoln Medical Center. Recently in January 2013, the Lincoln Medical Center IRB successfully passed a routine Food and Drug Administration (FDA) inspection without any observations or citations. Lincoln Medical Center's affiliation with Weill Cornell Medical College and NYU-HHC Clinical and Translational Science Institutes provides us a great opportunity to avail the research resources and garner partnerships to further our research goals.

Enhancements Focused Towards Patient Care

Prenatal Care Assistance Program (PCAP) - PCAP provides health insurance and comprehensive healthcare to women and adolescents during pregnancy. Medical care is provided to pregnant women during pregnancy, delivery and post-delivery. In addition to comprehensive and high-risk prenatal medical services, the program includes social services, nutritional screening and assessments, HIV counseling and testing, pregnancy and parenting education classes, and referrals to other services as necessary. The program has a team of providers who work together to ensure that the prenatal patient becomes familiar with her physician/midwife and pediatrician. This ensures that mother and baby receive the best care available from the moment the pregnancy is confirmed.

Level III Perinatal Center Services - Consistent with the high incidence of low birth weight babies reported for women (adults and teenagers), Lincoln Medical Center is designated a Level III Perinatal Center, which provides specialized care in our Neonatal Intensive Care Units (NICU) to meet the needs of fragile newborns who require special attention.

Children and Parenting Classes - We offer childbirth and parenting classes to mothers and their partners. The curriculum is designed to provide an all-inclusive overview of the birthing process that focuses on childbirth, labor and delivery, midwifery care, newborn care, postpartum care, breastfeeding, nutrition and parenting.

Women Infant Children (WIC) - The WIC Program provides nutritional supplements to eligible pregnant, post--partum, breastfeeding women, their infants and children up to five years. WIC also offers a series of culturally and linguistically appropriate educational forums on proper nutrition, cooking demonstrations, family exercise programs and breastfeeding programs for mothers.

Teen Center - Lincoln Medical Center's Teen Center provides access to comprehensive health services including general physicals, routine healthcare, and confidential family planning services. It is our goal to help youth grow into healthy, responsible adults. By collaborating with parents and the community, the Teen Center is a place where teens can come to learn about healthy behaviors and how to make responsible decisions to help them better manage their lives. Lincoln Medical Center has implemented a multi-faceted approach to reach teens and young adults in an effective way, which focuses on raising awareness of issues affecting them such as obesity, lack of physical exercise, substance abuse, dating, violence, family relationships, reproductive health, sexually transmitted diseases and other stressful situations and challenges they confront in their daily lives. Our holistic approach to pediatric medicine—providing primary care from an early age and following their health needs and progress throughout puberty and adolescence—gives our pediatricians the opportunity to observe their development and provide early intervention as necessary.

Child Advocacy Center -The Child Advocacy Center is one of only five programs in New York City. This unique multidisciplinary program provides diagnostic and treatment services for physically and sexually--abused children. The program, which also includes the Child Abuse/Sexual Abuse (CASA) clinic, serves an advocacy role with legal, child welfare and law enforcement agencies, and includes a parental education component for the prevention of child maltreatment. The program also offers short-term psychological bridge therapy for victims of abuse.

Lincoln Medical Center Designated AIDS Center - Lincoln Medical Center received this designation from the New York State Department of Health in recognition of the high quality, culturally competent, comprehensive HIV services provided to patients. Services include, but are not limited to, primary HIV healthcare, psychological evaluations, individual supportive counseling and testing, case management, client advocacy with outside agencies, home visits, partner notification assistance, domestic violence assistance, and collaboration with client service providers among other services. Through collaboration with the Bronx Families and Adolescent Children Consortium, Lincoln offers competent family and youth centered services that include HIV pre and post testing and counseling, adolescent support groups, after school programs, health education workshops, developmental and cognitive assessments, legal advocacy, case findings and linkages to research for children, adolescents, women and families. Lincoln also conducts outreach by trained public health workers who conduct workshops and provide education about HIV/AIDS, including how to prevent transmission of the virus to others, and offers referrals to medical and psychosocial services for those who test positive for the virus.

Access to Health Insurance - Lincoln Medical Center screens all patients who lack coverage for financial eligibility for publicly funded health insurance, including Medicaid, Child Health Plus and Family Health Plus. Patients who do not meet the eligibility criteria are then assessed for financial assistance through the HHC Options program which provides a reduced fee schedule based on standardized income guidelines and family size. Lincoln Medical Center goes to great lengths to ensure that cost is not a barrier to services. At Lincoln Medical Center, in FY11 22.3 percent of uninsured inpatients were converted into Medicaid or HHC Options.

Women's Health - Lincoln Medical Center provides comprehensive health services to women by a team of highly specialized and caring medical professionals. Our recently renovated Women's Health Center provides patients with the latest medical advances in a modern, family-friendly environment. Our services include routine gynecology, breast health, family planning, obstetrics, prenatal care, rapid HIV testing and counseling, and a wide array of diagnostic, specialty and treatment services, including ultrasound, cervical and breast cancer screenings (mammography and pap smears), chemotherapy, treatment of infectious diseases, just to name a few. Lincoln received Breast Center accreditation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Lincoln's Breast Center is the only NAPBC accredited Breast Center in New York City and 1 of 5 in New York State.

Domestic Violence Program - This program offers crisis intervention counseling, psychosocial support, as well as ongoing individual and group counseling. The Department of Social Work conducts domestic violence support groups, which offer women an opportunity to speak with peer counselors or to other women. Education classes are offered that focus on the dynamics of domestic violence and warning signs of an abusive personality and relationships. This program also provides resources on employment, vocational training, parenting issues, legal issues and self-improvement.

Appointment Wait Time - Patient experience is a priority focus at Lincoln Medical Center. Recognizing that in-office wait time is a big factor in a patient's perception of care, in 2011 the Department of Ambulatory Care launched its Ambulatory Care Excellence Strategy or ACES Program which uses Lean improvement methodologies to address issues of access, continuity of care and flow efficiencies during a patient's visit. Work began in Immunology clinic and was recently expanded to Women's Health. To address these opportunities for improvement, interdisciplinary teams were brought together to develop improvement goals and work plans to help achieve defined and measurable targets, including wait time. In the process, work standardization, quality and productivity became important elements in meeting our patients' expectations. As we develop these processes of excellence, we look to spread these as best practices to other services at the facility.

Approval

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

Lincoln Medical Center is a member of the Generations+/Northern Manhattan Health Network, is affiliated with the Physician Affiliate Group of New York (PAGNY), and has an academic affiliation with the Weill Cornell Medical College.

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