



NYU Hospitals Center

Community Service Plan Update and Progress Report

March 2015

Copies of this document can be downloaded from the NYU Langone Medical Center website at:
<http://www.nyulangone.org/our-story/community-health-needs-assessment-service-plan>

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SUMMARY

Following a community health needs assessment that analyzed the needs and assets of the Community Districts in lower Manhattan (south of 59th Street), the NYU Langone Medical Center selected Manhattan Community District 3 (CD 3) – the Lower East Side and Chinatown – as the core focus of its Community Service Plan. This community, with its areas of concentrated poverty and high percentage of Latino and Asian residents – groups that experience disparities in many health outcomes – was identified as having the greatest potential for health improvement through Community Service Plan partnerships.

In the fall of 2013, the Medical Center launched its new Community Service Plan, which takes a family-centered, multi-sector approach to reducing risk factors for obesity, cardiovascular disease and cancer in CD 3. These priorities align with New York State and City public health priorities, reflect the key causes of premature mortality across the City, State and country, and are key concerns in CD 3.

This first year has been an extraordinary one. We have:

- Adapted and launched three evidence-based programs;
- Developed strong and collaborative partnerships; and
- Brought attention and resources to meet the needs of this community.

And we have built a platform – a structure and set of relationships – to support health promotion and disease prevention at the neighborhood level with a focus on issues of high priority to the public’s health.

Together, we are building a culture of health.

MISSION STATEMENT

NYU Langone Medical Center, a world-class, patient-centered, integrated, academic medical center, is one on the nation's premier centers for excellence in clinical care, biomedical research and medical education. Located in the heart of Manhattan, NYU Langone is composed of three hospitals (the “Hospitals Center”) – Tisch Hospital, its flagship acute care facility; the Rusk Institute of Rehabilitation Medicine, the world's first university-affiliated facility devoted entirely to rehabilitation medicine; and the Hospital for Joint Diseases, one of only five hospitals in the nation dedicated to orthopaedics and rheumatology – plus the NYU School of Medicine, which since 1841 has trained thousands of physicians and scientists who have helped to shape the course of medical history. The Medical Center's tri-fold mission to serve, teach and discover is achieved 365 days a year through the seamless integration of a culture devoted to excellence in patient care, education and research. For information about the Medical Center's financial assistance program go to: <http://www.nyulangone.org/files/72504-financialassistpamp-TH-EngR.PDF>

Department of Population Health was launched in the spring of 2012 with the mission of advancing the health of populations by discovering new knowledge that informs policy and practice, educating tomorrow's leaders, and serving local, national and global communities. As part of carrying out this mission, the Department has been asked to help shape NYU Hospitals Center's Community Health Needs Assessment and Community Service Plan.

Our programs span multiple sectors:

- **Community-based early childcare settings** – ParentCorps, an evidence-based family-centered early childhood intervention to improve child health, behavior and learning, is being implemented in partnership with University Settlement Society of New York;
- **Primary care** – Greenlight, a program to improve health literacy and foster healthful behavior that is being tested in a national randomized control trial, is being adapted and implemented in partnership with the Charles B. Wang Community Health Center to lower rates of childhood obesity in the Chinese American community;
- **Housing/community** – a community navigator program to facilitate access to smoking cessation treatment and reduce children’s exposure to secondhand smoke is being adapted and implemented in partnership with Asian Americans for Equality.

PROGRESS

In early childcare settings:

ParentCorps is an evidence-based program developed by NYU Langone Medical Center’s Center for Early Childhood Health and Development, which is designed to buffer the adverse effects of poverty and related stressors on early child development by engaging and supporting both parents and teachers at children’s transition to school. The goal is to promote child self-regulation (including emotion regulation, coping skills, and problem-solving) by increasing positive behavior support (such as nurturing parent-child interactions), effective behavior

University Settlement Society

University Settlement is one of New York’s most dynamic social service institutions with deep roots on the Lower East Side. Each year University Settlement’s diverse programs help over 30,000 low-income and at-risk people build better lives for themselves and their families. With an impressive legacy as the first settlement house in the United States, University Settlement has been an incubator for progressive ideas for over 125 years, offering pioneering programs in early childhood education, literacy, mental health, arts education, and adolescent development that set the standard.

From its earliest days, University Settlement has invested in a robust range of early childhood services, including education, mental health care, early intervention, childcare and arts and recreation. Today, University Settlement’s early childhood programs directly support nearly 1,600 New York City children each year.

management (limit setting, consistent consequences for misbehavior), and parent involvement in education in home and early childhood education settings.

ParentCorps is implemented in early childhood education or childcare settings and includes: professional development for mental health professionals and early childhood educators; and a 14-session weekly group educational series for parents/families and young children.

In partnership with University Settlement, in the first year of the Community Service Plan, ParentCorps provided professional development to 55 University Settlement staff: 41 educators, five family workers, six mental health professionals, two social work interns and one administrator. The ParentCorps team coached six mental

health professionals in the implementation of four Parenting Programs, which were attended by 69 parents. The parenting programs were implemented in English and Cantonese. Eight educators were coached in the implementation of the ParentCorps classroom-based program in



four classrooms, reaching 80 early childhood students. As a result of the ParentCorps professional development trainings, all 339 children ages four and younger at University Settlement's two sites have benefited from the program.

Professional development was very well received, and participants provided high ratings of satisfaction regarding the trainers, training environment and the approach to training. Each week, all mental health professionals and family workers who

implemented the Parenting Program answered a series of questions about their own experiences leading the sessions. Leaders reported that they felt that they were prepared, that they did not find the sessions difficult to lead, that they enjoyed their experience and were satisfied with how they conducted the groups. Leaders found the parent/family participants to be highly engaged.

To gauge the level of engagement and satisfaction among parents across the different Parenting Programs, participants were asked to complete anonymous satisfaction surveys at the end of each week's group session (over 14 weeks). Parents across all four



Selected comments from parents in the satisfaction surveys:

"The session is getting more interesting and positive each day. I am glad I'm part of it."

"I found it very informative and supportive. I enjoyed it immensely! Thank you!!"

"Today's topic was very helpful to me. Now I understand how to praise my child and to encourage/nurture his confidence/self-esteem in the future."

"I think that all the parent comments and opinions help a lot."

"This session was very well organized. Thank you for having this group come together."

"I learned a lot about different cultures."

"My comments and opinions were welcomed and respected today."

"This class was very useful; I'm seeing that my children are changing."

programs were highly satisfied with ParentCorps. Over 95% reported that they felt better and more confident about themselves as parents as result of participating in the program. Parents also reported that they felt that they were welcomed and respected (96.1%), and supported and valued (93.0%). Nearly all parents stated that they were able to understand the material presented (97.0% across 14 weeks), and were ready to try the strategies that were discussed (95.7%).

Based on replicated findings from rigorous controlled trials, we anticipate that this Year 1 effort alone will translate into increased school readiness (pre-

academic skills and social emotional competencies) for all participating children and lower rates of behavior problems and obesity for the subgroup of children (about 25%) who have difficulties with behavioral regulation.

In addition to ongoing program implementation, on June 13, 2014, the ParentCorps team provided training at a half-day conference organized by University Settlement on the topic of *Family Matters: Building Resilience for Children Experiencing Toxic Stress*. The presentations and interactive discussions targeted professionals working in education, social services, early education, mental health and medical settings. 89 people attended the event, representing 30 organizations.

PROGRESS

In the primary care setting:

Using the infrastructure of the primary care pediatric visit, the NYU Langone Medical Center Department of Pediatrics has partnered with the Charles B. Wang Community Health Center (CBWCHC) to adapt for use in the Chinese American community an evidence-based health literacy informed program, Greenlight, designed to foster family engagement in the prevention of early childhood obesity.



The Charles B. Wang Community Health Center

For more than 40 years, the Charles B. Wang Community Health Center has been a leader in providing high quality, affordable, and culturally competent primary care and support services to medically underserved Asian Americans and other disadvantaged populations in the New York metropolitan area. The Pediatric Clinic at the CBWCHC Chinatown site serves close to 8,500 patients, through over 30,000 visits annually to their primary care and subspecialty clinics.

In addition to providing comprehensive primary care, the Center promotes the overall health of the community through innovative health education and disease prevention programs.

A study several years ago by partners at CBWCHC found that 24.6% of the children in the pediatric practice (drawn largely from the Chinatown area) were overweight or obese. Among U.S. born boys ages 6-12 who are patients at CBWCHC, the combined prevalence of overweight and obesity was 40%. This problem is magnified by the fact that Asian populations appear to be more vulnerable to the onset of Type II diabetes at lower weights.

During the first year of the Community Service Plan, we revised and translated into simplified and traditional Chinese 12 booklets (six “core” booklets targeting

children at their 2, 4, 6, 9, 12, and 15-18 month visits, along with six “supplemental” booklets which extend the reach of the booklets to school age children and their families). The booklets in simplified and traditional Chinese and in English were then presented to participants at parent and provider focus groups for feedback. An example of one of the original Greenlight pamphlets, along with an adapted and translated version, is shown below.



Be Active With Your Baby

TV time is not active time



Have tummy time with your baby – everyday!


- Lie on your back and put the baby on his stomach on top of you. Can he lift his head for a few seconds? Talk to him and have him look at you.
- Put him on his tummy on a blanket on the floor. Soon he'll be holding up his head for 10 seconds! Put a toy in front of him to look at.
- Have tummy time for 2 minutes at a time. Try this 3 times a day.
- **Remember**, when he sleeps, he should always be on his back, NOT on his tummy.





It is best to choose active things to do with your baby!

Too much TV can cause adults and children to gain too much weight.

Be a good example – limit the time you and your baby spend in front of the TV. Your baby is learning from you.



Put your baby on her tummy to play every day. Help keep your baby growing strong!



TV time is not active time. Choose active things to do with your baby!

10 Developed as part of the original Greenlight program designed to meet the needs of low-income English and Spanish speaking families. 11

In adapting the Greenlight program, the team has attempted to move the cultural adaptation process beyond surface culture (translation, changing the ethnicity of photos, types of foods) to deep culture (core values, beliefs, norms, lifestyles). The process has been complex, including outreach to over 160 parents, three focus

groups with parents (two in Mandarin and one in Cantonese), and two focus groups with 17 providers/health educators. In addition, providers (physicians, nurses, nutritionists) and health educators have provided individual feedback on the materials throughout the translation and adaptation process. The materials – some of which are shown here – reflect the judgment and care of many participants.

To facilitate implementation of Greenlight in the busy CBWCHC pediatric practice setting, the program is being extended beyond the visit with the clinician to include a unique waiting room parent engagement program modeled after the Health Education and Literacy for Parents (HELP) project, which was developed by NYULMC faculty and has been used within the Bellevue Hospital's Pediatric outpatient clinic for over 10 years. Staff at CBWCHC are now being trained so that the program can make productive use of waiting time to build parent confidence and knowledge, using an interactive, informal and flexible approach based on a parent-directed, layered



Be active with your baby

Screen time is not active time



Try tummy time with your baby – everyday!

Many parents think their baby is not ready for tummy time – but most babies are! Here's how to start...

- Lie on your back and put the baby on his stomach on top of you. Can he lift his head for a few seconds? Talk to him while he looks at you.
- As he gets stronger, put him on his tummy on a blanket on the floor. Soon he'll be holding up his head for 10 seconds! Put a toy in front of him to look at.
- Have tummy time for 2 minutes at a time. Try this 3 times a day.

Remember: When your baby sleeps, he should always be on his back, NOT on his tummy.


Screen time means watching anything on a:

- TV (DVD)
- Computer
- Tablet (iPad)
- Cell phone


Too much screen time can cause adults and children to gain too much weight.

Be a good example – limit the time you and your baby spend in front of any screen. Your baby is learning from you.





Put your baby on his tummy to play every day. With practice, your baby will grow strong!



Screen time is not active time. Choose active things to do with your baby!

10 Culturally adapted English language version. 11

curriculum. We are also developing a bilingual baseline survey of parents and caregivers to assess the effectiveness of the booklets.



与你的宝宝一起「动」起来

看屏幕时间不是「动」的时间



每天跟你的宝宝尝试趴著玩！

很多父母认为宝宝还未可以趴著玩——其实大部分宝宝是可以的！这是如何开始的方法……

- 你可以仰躺下来，然后让宝宝趴在你的身上。他能够抬起头来几秒吗？跟他讲话及让他看著你。
- 当他强壮一点时，放一张毛毯在地上，让宝宝趴在上面。很快他就可以把头抬起来，而且可以保持姿势十秒钟！你可以放一个玩具在他面前给他看著。
- 每次趴著玩的时间大概两分钟。一天尝试玩三次。

记住：当宝宝睡觉的时候，他应该经常保持著仰卧的姿势，不是趴著的姿势。





看屏幕时间是指观看下列物件：

- 电视（影片）
- 电脑
- 平板电脑（iPad）
- 手机

看太多屏幕让成年人和小孩增加体重。

做个好榜样——限制你和宝宝看任何屏幕的时间。你的宝宝会学习你的榜样。

 每天让宝宝有趴著玩的时间。藉著锻炼，宝宝会茁壮成长！

 看屏幕不是活动的时间。选择一些能与宝宝一起活动的项目！

10

Culturally adapted and translated into Chinese (traditional characters).

11

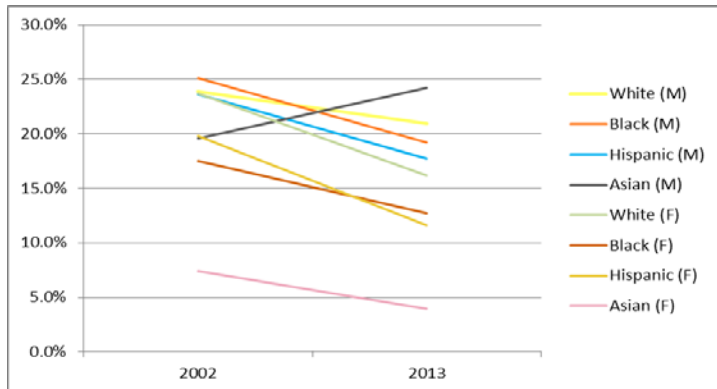
PROGRESS

In the community and in housing:

Although New York City has achieved remarkable reductions in smoking prevalence, from 21.5% in 2002 to 16.1% in 2013, the rates of reduction across populations have been uneven and income-related and racial and ethnic disparities persist. Of particular concern is the smoking rate among Asian American men in NYC (24.2% in 2013) – the only group that has a higher rate of smoking now than it did in 2002. Not surprisingly, given the high percentage of the CD3 community that is Asian American (34%), smoking rates in CD 3 are the second highest in the entire City (second only to Coney Island).

Smoking rates – NYC, 2002 - 2013

Source: New York City Department of Health and Mental Hygiene, Community Health Survey 2002-20013. Available at: <https://a816-healthpsi.nyc.gov/epiquery/>



A recent study underscores the urgent need to address smoking in NYC housing. Even among children who did not live with someone who smoked in the home, cotinine levels (a measure of exposure to secondhand smoke) of children living in apartments were 45% higher than among those living in detached houses. This is of great concern in CD 3 where housing is

overcrowded and where, according to data from the NYC Department of Health and Mental Hygiene, adults are significantly less likely to have adopted a smoke-free home policy than adults in other neighborhoods (33% of homes in Lower Manhattan do not have a smoke-free

Asian Americans for Equality

Since its founding in 1974, Asian Americans for Equality (AAFE) has evolved into a nationally recognized affordable housing developer and social service provider, serving New York City's one million Asian American residents. Services include community development and housing preservation, housing legal services, community education, citizenship preparation, and social services.

AAFE has led campaigns to promote equal employment, affordable housing, fair housing, transportation equity, local economic development, community lending, civic participation, healthcare access, immigrant rights, and educational access. As a partner of the NYC Coalition for a Smoke-Free City, AAFE provides culturally competent and linguistically accessible smoking prevention education and smoking cessation to Asian American communities, and leads grassroots advocacy campaigns to build support for key initiatives such as smoke-free outdoor air and smoke-free housing.

resident/ community volunteers the skills to educate and motivate people in the community to address modifiable health risks like tobacco use and link community members to evidence based smoking cessation resources. Despite the availability of safe and effective treatment for tobacco dependence, only a small proportion of smokers who try to quit each year use cessation therapies. This is particularly true among low-income adults and for non-English language speakers, contributing to growing disparities in smoking prevalence. The CSP navigator program is designed to address this gap.

In our first year of the CSP, NYULMC experts on tobacco cessation provided comprehensive training to 14 staff from community based organizations and separately trained 11 members of the AAFE staff. Our approach is comprehensive, raising awareness about the often hidden

threat of SHS in multiunit housing and ensuring that smokers have access to evidence-based treatment.

policy compared to 16% in Upper West Side). Of particular relevance, those same data show that Asian American non-smokers are less likely to prohibit smoking in the home than are other non-smokers. Thus, the rates of exposure to secondhand smoke (SHS) among families living in CD 3 are likely to be dangerously high, placing many children at risk of SHS-related health consequences.

In partnership with Asian Americans for Equality (AAFE), experts from the Section on Tobacco, Alcohol, and Drug Use in NYULMC's Department of Population Health are implementing a community navigator model, which mirrors the patient navigator model that has been well studied and implemented by the American Cancer Society. This model provides lay workers or

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NYU Langone MEDICAL CENTER

ASIAN AMERICANS FOR EQUALITY

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可让戒烟成功率大幅提高的免费服务,
包括一对一电话咨询。请立即拨打专线,
你可以做到!

asiansmokersquitline.org

Training focused on the use of Motivational Interviewing techniques to: (a) Assess readiness to change smoking behavior; (b) Employ strategies to increase motivation; (c) Inform smokers about free evidence based smoking cessation resources (e.g., Medicaid covers cessation medication with a prescription and free counseling and nicotine replacement therapy available through the New York State and Asian Smokers' Quitline); and (d) For those ready to quit, link smokers to services including arranging doctor appointments and connecting smokers to the New York State or Asian Smokers Quitline. The program was extremely well-received, with all participants reporting significant increases in knowledge and confidence. Subsequently, many of our partners and other community groups and agencies have requested training for their staff.

Since the inception of the CSP, building on AAFE's existing programs and relationships in the community, we have reached over 640 smokers, many of whom had never previously tried to quit or cut down. Of the 98 who received counseling, 65 were given nicotine replacement therapy.

Fifty-one stopped for a day or longer in an effort to quit, 23 report cutting back on smoking (at a two-week follow-up) and nine quit altogether (also reported at two-week follow-up). We are also tracking calls to the Asian Smokers Quitline, which have doubled since implementation of outreach.

In addition, AAFE now screens for tobacco use on all of its intake forms (for housing, insurance, small business development) and provides information about smoking cessation at community meetings on a wide array of topics. This kind of institutional change in practice is an important element of community capacity building and a way to ensure sustainability.

PROGRESS
Dissemination:

The Community Health Needs Assessment/Community Service Plan, together with this Progress Report, are conspicuously posted on the Medical Center's internal and external (<http://www.med.nyu.edu>) websites with instructions for downloading and in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report. An individual seeking access to these materials is not required to create an account or provide any personally identifiable information.

Hard copies of the Community Health Needs Assessment, Community Service Plan and Progress Report will be available without charge to anyone upon request and will be disseminated to the membership of Community Boards 3 and 6 and to the offices of the relevant City Council

members. Additionally, hard copies will be made available to patients accessing care at the Medical Center in all locations, including NYU-Hospital for Joint Diseases, Tisch Hospital, Rusk Institute of Rehabilitation Medicine, and the NYU Cancer Institute. Finally, though the outreach and engagement activities described below, we continually seek to keep the community informed about our activities and to get feedback and input.

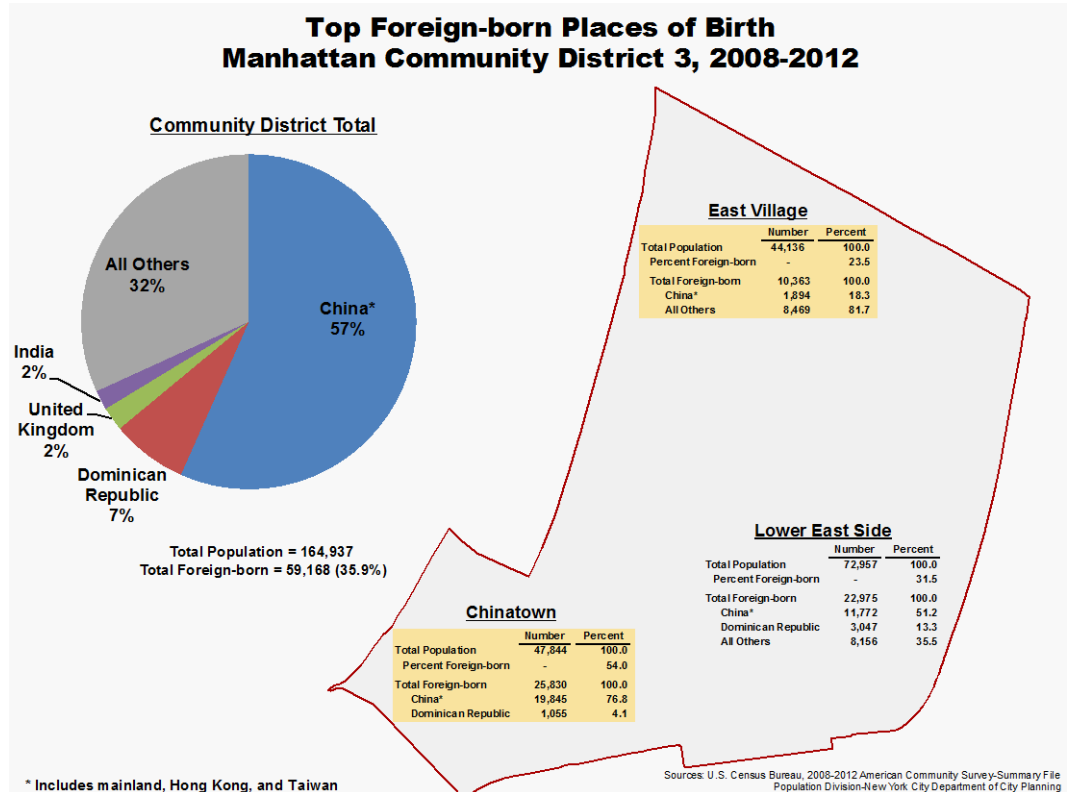
PROGRESS

Community engagement:

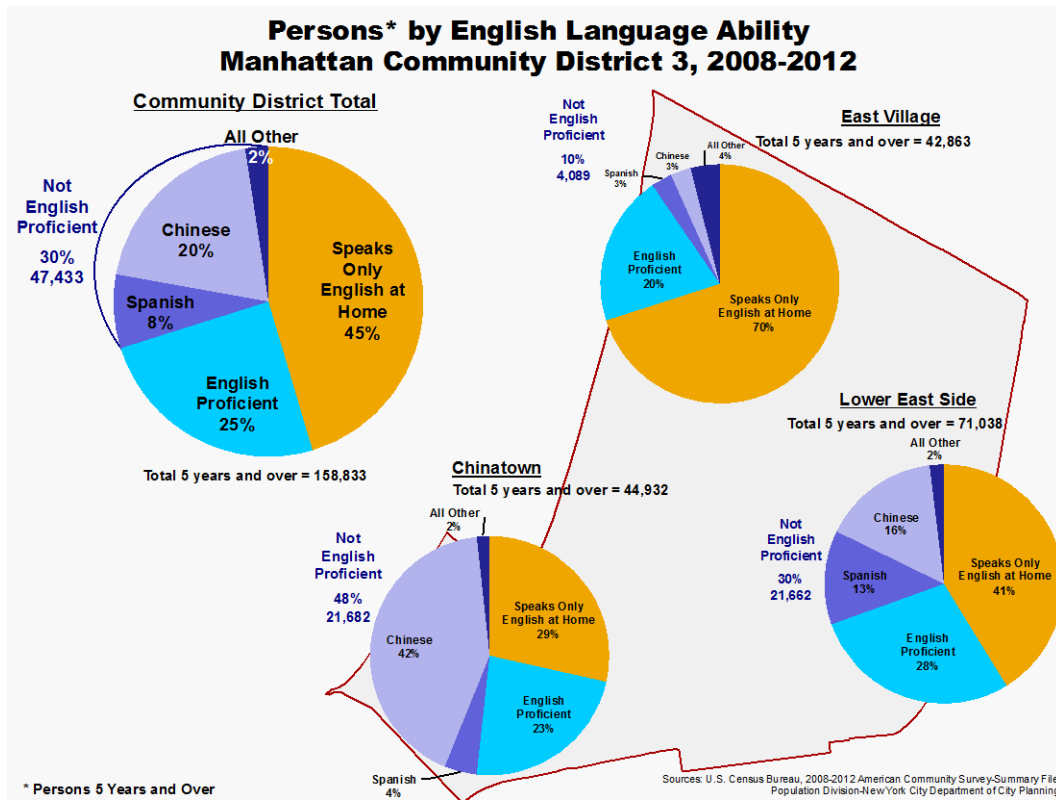
An overarching goal of the Community Service Plan is to help improve the health of CD 3 residents and, toward that end, to strengthen collaborations between the Medical Center and community partners in that community. We have continued to engage our partners and the broader community through a variety of mechanisms with the objective of creating an infrastructure for the ongoing exchange of information and ideas and a platform for continued cross-sector work at the neighborhood level to address high priority public health issues.

Early in the first year of the CSP, we created a Coordinating Council composed of NYU Langone Medical Center faculty and staff and leadership and staff of our community partners. The Coordinating Council has met five times to coordinate the various projects and ensure that they are meeting milestones, maximizing their impact, and working across institutions and sectors. As we have identified shared challenges and opportunities, we have invited expert consultants – from across New York University as well as other institutions – to discuss issues of behavior change, cross cultural communication, community-based participatory approaches to program development and evaluation, and motivational interviewing.

In addition to its regular meetings, the Coordinating Council also sponsored a community forum on the changing demographics of CD 3, presented by Joseph Salvo, PhD, and Peter Lobo, PhD, Director and Deputy Director respectively of the Demography Division of the NYC Office of City Planning. This event was attended by over 50 people, including staff and leadership from all of our partner organizations, the District Manager and



staff of Community Board 3, and central medical center administrators. Sample maps from the presentation are reproduced here.



Over the course of this first year, our relationships with our partners, as well as with other groups in the community, have grown. For example, the Charles B. Wang Community Health Center has welcomed a group of medical students, and is working with other NYULMC faculty on a variety of initiatives. We have worked with University Settlement as key advisers on program development and staff training. And we have partnered with Asian Americans for Equality to develop a grant proposal to support and expand their tobacco-related work. Recently, we supported one of our new partners, the Two Bridges Neighborhood Council, in successfully applying for a grant from the NY State Health Foundation to increase access to healthy food and to support physical activity on the Lower East Side.

Finally, we continue to meet with advocates, service providers, and community groups, including committees of Community Board 3 as well as Community Board 6 (the Board that covers the area in which the Medical Center is geographically based) to provide regular updates and opportunities for input.