

Mission Statement for New York Methodist Hospital

The mission of New York Methodist Hospital, a member of the NewYork-Presbyterian Healthcare System, is to provide excellent healthcare services in a compassionate and humane manner to the people who live and work in Brooklyn and its surrounding areas.

The Hospital is a non-sectarian, voluntary institution, which includes an acute care general facility and an extensive array of ambulatory and outpatient sites and services. New York Methodist Hospital has an historic relationship with the United Methodist Church.

In serving its community, the Hospital works to achieve these primary objectives:

- To make services accessible to patients and physicians without regard to age, sex, race, creed, national origin or disability;
- To provide patients with an environment that assures the continuous enhancement of patient safety.
- To serve as an educational and research center for the training and continuing education of physicians, nurses and healthcare professionals committed to the Brooklyn community;
- To provide an active ecumenical program of pastoral care and to conduct a clinical pastoral education program;
- To offer an environment that is responsive to new and changing technologies and management principles that will stimulate creative solutions for our patients, physicians and employees;
- To assess periodically the healthcare needs of the community and to respond to these needs with healthcare services, including health education for patients and community residents; and
- To work with members of the NewYork-Presbyterian Healthcare System and other healthcare institutions, physicians and community groups in jointly pursuing the delivery of quality healthcare services, medical education and clinical research.

Please describe the Hospital Service Area. Indicate any changes to the primary service area used in the community service planning. Indicate whether or not any changes have occurred since the submission of the 2010 report.

The primary service area for New York Methodist Hospital continues to be Kings County (the borough of Brooklyn). There have been no changes since the 2010 report.

In the last CSP, it was reported that community partners were involved in assessing community health needs (e.g., community groups, local health departments, etc). Please indicate whether or not community partners continued to be actively involved.

Yes, community partners continue to be actively involved.

What are the Prevention Agenda Priorities identified in the CSP?

Chronic Disease
Physical Activity and Nutrition

How do these priorities compare to the priorities reported in the previous CSP?

The priorities have remained the same.

What are the goals for the selected priority areas?

Physical Activity and Nutrition – the goals listed for this health priority were as follows:

- a. To reduce the number of obese children, ages two to 16 in the Brooklyn neighborhoods we serve.
- b. To reduce the number of obese adults in the Brooklyn neighborhoods we serve.
- c. To increase the percentage of children and adults engaged in some type of leisure physical activity.
- d. To increase the percentage of adults eating five or more fruits or vegetables per day.
- e. To increase the percentage of WIC mothers breastfeeding at six months.

Chronic Disease – the goals listed for this health priority were as follows:

- a. To reduce the prevalence of diabetes in adults.
- b. To reduce diabetes' short-term complication hospitalization rate (per 1,000) for patients, ages six to 17 and age 18 and above.
- c. To reduce the number of coronary heart disease hospitalizations.
- d. To reduce the congestive heart failure hospitalization rate.
- e. To reduce cerebrovascular (stroke) disease mortality.
- f. To reduce cancer mortality, with special attention to breast, cervical and colorectal cancer.

What measures are you using to track progress in your selected priorities? If "Not Applicable" please explain why.

The measures we are using to track progress for Physical Activity and Nutrition are as follows:

1. The number of children in **Pediatric Weight Management Program**, and patients' BMI measurement pre-treatment and after six months
2. Number of adults treated in the **Medical and Surgical Weight Management Program**; and patients' BMI measurement pre-treatment and after six months. These patients also receive nutrition counseling.
3. The number of patients attending the **Diabetes Education Classes** offered by the Diabetes Education and Resource Center.

4. Number of community members who attend the annual **Registered Dieticians Day**, where they learn about food myths, facts and how to maintain a healthy lifestyle.
5. The number of adults participating in the **Diabetes/Obesity Self-Management Program, which is provided in** partnership with the Greater Brooklyn Health Coalition
6. The number of brochures distributed at health fairs on physical activity and nutrition both for adults and children.
7. The number of children who receive sports-related physicals.
8. Number of mothers counseled immediately post partum and in the **Lactation Support Group Program**

The measures we are using to track progress for Chronic Disease are as follows:

1. Number of community members screened for blood pressure and other heart-related screenings, along with the number screened for glucose, eye and foot screenings at community health fairs
2. The number of patients at health fairs who are referred for treatment
3. The number attending lectures on chronic disease
4. Circulation numbers of media in which articles on chronic diseases and treatment are placed
5. Web statistics showing number of page views for pages containing information on chronic disease
6. Measurement for **Adult and Pediatric Weight Reduction, Physical Activity and Nutrition Programs** as noted in the previous health priority.
7. The average number of callers who hear on-hold phone messages promoting healthy habits to prevent chronic diseases
8. Achievement of the **"Get with the Guidelines" Awards**
9. Cancer Registry data.
10. Physical Activity and Nutrition:

NYM continues to offer community programs and services, including: the Pediatric Weight Management Program, the Comprehensive Weight Management Program, the Surgical Weight Reduction Program and Support Group, free Physical Examinations for student athletes at the Secondary School for Research and the Lactation Support Program.

Please provide an update on the Plan for Action. Provide a summary of the implementation status of your 3-year plan, including successes and barriers in the implementation process. If applicable, indicate how and why plans have been altered as a result of stated successes and barriers.

. We have experienced some difficulties in carrying out proposed strategies like "Exercise Activities for the Whole Family." While brochures on Physical Activity and Nutrition have been distributed to children and parents at health fairs, prescribing exercise activities for the whole family has not been widely accepted by our pediatricians. Also, the **Be Fit** program at the Prospect Park YMCA has been discontinued due to lack of funds, resources, and partner motivation.

In addition, our original plan to partner with the Brooklyn Botanic Garden to teach high school students about healthy eating was not successfully implemented due to lack of available resources

for the "Grow Food, Not Fat Program." We also experienced difficulties with hosting information sessions at CAMBA's food pantry as a result of space limitations.

However, we are newly involved with the "Teen Battle Chef" program, which is a shared initiative with City Councilman Brad Lander's office. This project's purpose is to empower high school students with the knowledge and skill to cook and prepare their own food, encouraging them to make healthier decisions and choose fresh, unprocessed products.

NYM's pediatric dental education program (funded through a grant from the NYS DOH, in partnership with the American Dental Association) included a healthy eating component in information sessions for children and parents. The importance of choosing water or milk over soda, as well as fruits and vegetables before candy was stressed in the educational workshops. The federal grant extended into July of 2011 but has not been renewed for the coming years. In an effort to compensate for the lack of resources for community education, the Division of Dental Medicine at NYM will attempt to continue offering some community screenings and education sessions.

We have secured a new collaboration with Greater Brooklyn Health Coalition's (GBHC) Brooklyn Partnership to Drive Down Diabetes (BP3D), a publicly funded grant program aimed at educating the Central Brooklyn community on prevention and treatment for diabetes and obesity. NYM has hosted a six-week Diabetes Self Management Program (DSMP), and supports BP3D's Six-weeks to Fitness and other Obesity Prevention Workshops. We are exploring the possibility of scheduling additional six-week DSMP workshops over the course of the next year.

Chronic Disease:

NYM continues to provide relevant community programs and services, including: regular diabetes screenings and lectures through NYM's Diabetes Education and Resource Center, on-hold phone messages with tips on preventing chronic disease, press releases/columns on chronic disease prevention and treatment, community eye, foot, glucose and blood pressure screenings and community lectures on chronic disease awareness.

We have maintained a partnership with Friends of the Congressional Glaucoma Caucus Foundation to provide free glaucoma screenings on World Diabetes Day and Diabetes Awareness Day.

In addition, we have maintained the Pulmonary Hypertension Support Group and partnership with the Pulmonary Hypertension Association. We have also maintained smoking cessation workshops (open to employees and community members) through partnership with the American Lung Association of New York's *Freedom From Smoking Program*, in conjunction with community lectures to pre-teens on peer-pressure and smoking prevention, and community lectures for adults on the importance of smoking cessation.

As previously stated, for Physical Activity and Nutrition, we have secured a new collaboration with the Greater Brooklyn Health Coalition's Brooklyn Partnership to Drive Down Diabetes (BP3D) publicly funded grant program aimed at educating the Central Brooklyn community on prevention and treatment for diabetes and obesity. NYM has hosted a six-week Diabetes Self Management Program (DSMP), and supports BP3D's Six-weeks to Fitness and other Obesity Prevention Workshops. We are exploring the possibility of scheduling additional six-week DSMP workshops over the course of the next year.

NYM has recently been awarded a grant from the United Hospital Fund to staff a program designed to decrease the readmission rates of patients with congestive heart failure (CHF). The grant was sought after the Division of Cardiology conducted a research study with volunteer educators. The study demonstrated that the work of the educators who visited patients to discuss vital health information and how to maintain a healthy lifestyle reduced the readmission rates for CHF patients. With the support of the grant, NYM plans to continue and further develop this program.

Explain any impact or changes that have been realized to date as a result of your collaborative plan. If "Not Applicable", please explain why.

We have successfully implemented the *Freedom From Smoking* workshops, helping several of the employees and community members who attended to quit smoking altogether.

We have already seen the numbers for Congestive Heart Failure readmissions drop noticeably.

Please list other non-prevention agenda priorities or issues on which the hospital is working? If none, please write NA (not applicable).

NYM continues to offer Schooltours/Schooltalks for which class groups from preschool to high school receive tours of various areas of the Hospital, including the Department of Radiology, the Laboratories, the Department of Food Services, etc. In addition, Hospital speakers are available to provide relevant health-related lectures or workshops to classroom groups, assembly groups or groups of parents at PTA meetings.

NYM coordinates a Hospital Speakers Bureau, through which healthcare professionals are made available to speak to community groups at senior centers, community centers, churches, synagogues, health fairs, etc. on a variety of health and medicine-related topics

As a part of our Health Literacy Project, Hospital volunteers are trained to work with individuals from underserved communities who may need help understanding physicians' instructions, following prescription directions, reading labels, etc.

NYM physicians write regular health-related columns on a variety of current medical issues to Brooklyn Parent magazine, Brooklyn Family magazine, The Brooklyn Daily Eagle, The Brooklyn Paper and the Tablet.

The Hospital recently implemented MyNYM, allowing patients to electronically access significant portions of their health records, at no cost.

What is the URL address of the CSP posted on the hospital website? Please write NA (not applicable) if the CSP is not posted on the website.

<http://www.nym.org/Get-Involved/Community-Programs/Community-Plan.aspx>

If requested via phone, a hard copy of the CSP is then mailed out to the interested party's address.

The Financial Aid applications have increased this year by approximately one-third. The specific numbers are as follows:

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In 2011 there were 186 average applications sent per month; an average of 105 applications were received per month. An average of 109 applications were approved per month for an average amount of \$203,571 per month.

In 2010 there were 145 average applications sent per month; an average of 77 applications were received per month. An average of 83 applications were approved per month for an average amount of \$154,814 per month.

We are now reviewing, processing and making a determination on additional cases due to the increase. In addition, the number of appeals after a determination has been made has grown. Those cases are sent directly to the patient financial services director and are reviewed by a senior Hospital official for further approval or denial. The increase in appeals is partially due to the economic downturn.

Financial aid brochures and applications are made available in all clinical areas for easier access by patients and/or family members. Continuous training of the registration staff is provided monthly.

Due to the increase in appeals, we have had to delay some final determinations. This has created additional steps in order to place the bill on hold while the appeal is being reviewed as per Public Health Law 2807 (k) (9-a) and our policy.