

**MONTEFIORE MEDICAL CENTER
COMMUNITY SERVICE PLAN
2010-2013**

Montefiore Medical Center
Community Service Plan 2010-2013

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Montefiore Medical Center is a not-for-profit integrated health care delivery system located in Bronx County, New York. Montefiore operates an extensive health care system, which includes three hospital divisions: the Henry and Lucy Moses Hospital Campus in the Northwest Bronx; the Jack D. Weiler Campus, in the East Bronx; and the North Division Campus, in the Northeast Bronx.

I. Mission Statement: A Longstanding Commitment, A New Focus

A. Montefiore's Mission Statement and Strategy:

In January, 2009, Montefiore Medical Center completed a comprehensive review and update of its strategic plan. That process included the development and approval by its Board of Trustees of revised statements of the medical center's Mission, Vision and Values.

Mission:

To Heal, To Teach. To Discover and to Advance the Health of the Communities We Serve.

Vision:

To be a premier academic medical center that transforms health and enriches lives.

Values:

Humanity, Innovation, Teamwork, Diversity and Equity

As part of that process, Montefiore established five Strategic Goals, setting out Montefiore's course for the decade to come

1. Advance our partnership with the Einstein College of Medicine
2. Create notable Centers of Excellence
3. Build specialty care broadly
4. Develop a seamless delivery system with superior access, quality, safety and patient satisfaction
5. Maximize the impact of our community service

B. Changes:

The inclusion of an explicit statement affirming Community Service as part of Montefiore's Mission Statement is not new. It has always been one of the core elements of Montefiore's mission.

What has changed is the explicit reference to "advancing the health of the communities we serve", focusing on making a measurable difference in the health of those populations and communities. This is further sharpened by the inclusion as one of the five strategic Goals the imperative, to "maximize the impact of our community service".

In pursuing that Goal, Montefiore has tasked itself :

- to better coordinate and focus its resources on specific high prevalence/high impact problems affecting its community,
- to work internally and with community partners to identify priority health needs, and
- to develop and implement more effective broad-based plans of action to address them, and to advance the health of the communities we serve.

The rationale behind this change was the realization that we must focus our efforts, if we are to make a real, measurable difference in the health of populations, and communities. That is essentially the same logic as underpins the state's revised Community Service Plan process.

Historically, Montefiore has earned a reputation as a leader in the region, state and nation in providing services to its community, by developing and operating an extraordinary array of needed services to the poor and underserved, and to specific at-risk populations (eg. children, the elderly, the HIV-infected, the homeless and victims of domestic violence).

In its updated Strategy, Montefiore included a strategic goal – “Maximize the impact of our community service” – that is focused on improving performance in this critical area. It has led to the creation of a new institutional focus for community health improvement activities – the **Montefiore Office of Community Health**, charged to

- oversee, and support and coordinate Montefiore's diverse portfolio of community health improvement programs and activities,
- enhance Montefiore's capacity to assess and measure the health needs of the communities it serves,
- identify, assess and select a limited number of top-priority health needs in the communities Montefiore serves for specific focus, and
- lead and coordinate Montefiore-wide efforts, and where possible working together and with community partners to make a difference, to measurably improve the health of the communities we serve.

The Office of Community Health has been established and will begin operations in the Fall, 2009. It is a new and important function at Montefiore, and its formation parallels other changes at Montefiore, and at Einstein

- creation of a new Montefiore Office of Community Relations;
- consolidation and integration of responsibility for Health Education and Community Outreach, coupled with the re-organization of the staffing for Montefiore's eleven community advisory boards to improve their effectiveness and ability to provide meaningful input regarding how our hospitals and major ambulatory care sites and services can better serve their diverse communities; and
- improved coordination of Montefiore's community health efforts with those of the Albert Einstein College of Medicine, including the Institute for Community and Collaborative Health and the Hispanic Center for Excellence.

The goals and directions of Montefiore's new Office of Community Health coincide with and reinforce those articulated by the State DOH in its revised approach to the Community Service Plan. While the Office of Community Health is only now being organized, staffed and beginning its operation, it has already established a framework and approach to focus and guide its work, which is discussed in Section II, Service Area Population(s).

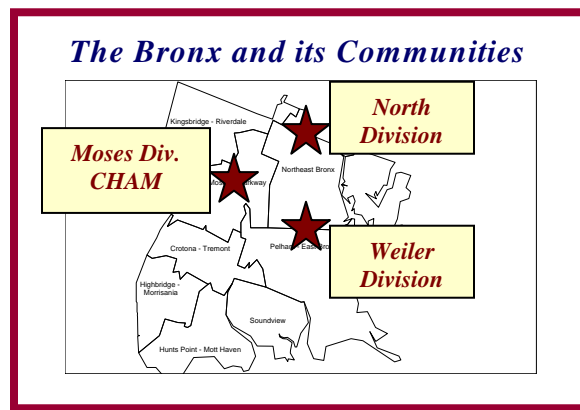
The following section of this report describes that model and approach, and the plan of action developed to date, plans that will be refined and expanded over the three years covered by this Community Service Plan.

II. Service Area and Population(s)

A. Hospital Service Area:

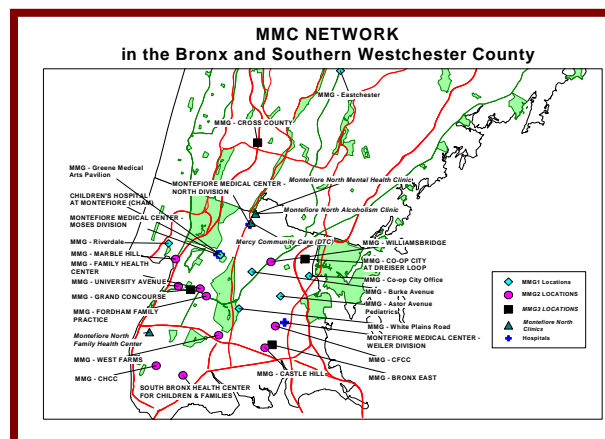
Traditionally, Montefiore has identified the Bronx as its primary service area. More than 85% of Montefiore’s hospitals’ discharges are residents of the Bronx, and it is within this geographic area that Montefiore has distributed the vast majority of its community-based primary care and specialty ambulatory services.

Defining a “Hospital Service Area” for Montefiore, however, is not as straightforward as it may be for a freestanding community hospital, which is aligned with and serves a discrete geographic community. To begin with, Montefiore operates four hospitals (the Moses, Weiler and North Divisions, and the Children’s Hospital at Montefiore), each of which serves as a “community hospital” for quite different communities in the Bronx.



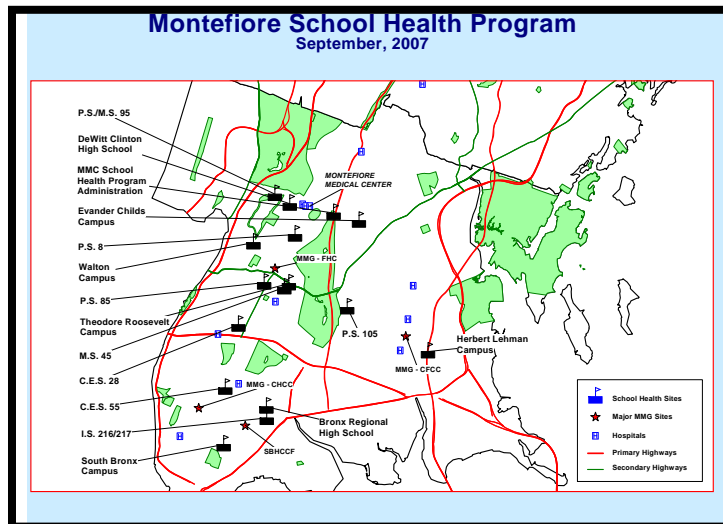
In addition, each hospital has a nearby specialty ambulatory care center; and serves as a referral center for the Bronx and the wider region, serving patients who need specialty ambulatory and inpatient care.

Beyond its hospital campuses, Montefiore operates a large number of in-community services sites. Montefiore operates 24 community-based primary care centers, located in communities across the Bronx and southern Westchester. Each of these primary care centers has its own service area, providing comprehensive primary care services to a specific population drawn from its surrounding community, tailoring its services to the needs of the patients and communities it serves.



Montefiore also operates a range of programs focusing on the needs of special populations:

- ❑ Montefiore’s School Health Program (MSHP) provides comprehensive primary care to a population of elementary, middle and high school students throughout the Bronx. Founded in 1983, the MSHP is the largest and most comprehensive school-based health program in the country, and a major community outreach program for children living in the Bronx. Currently, the MSHP provides a range of medical, mental health, reproductive and health promotion services to 27,000 students who make over 70,000 visits per year (see map below, for locations).



- ❑ Together, Montefiore and Einstein operate an 11-site substance abuse treatment program that offers drug treatment and rehabilitation services and comprehensive primary care to a population of 4,500 recovering substance abusers in communities across the Bronx.
- ❑ Finally, Montefiore provides a wide array of targeted outreach services to at-risk populations within its service area, including programs serving the homeless and victims of domestic violence, as well as services to homebound and/or fragile seniors in community-based settings throughout the Bronx.

The Bronx is a large and diverse urban setting, with many sub-populations and communities that evidence tremendous variation from one to another. Those communities are served by many providers - hospitals/systems, and community health centers - with overlapping service areas. General concepts like “service area” and a “service area population” based on a simple geographic definition (eg. a set of zipcodes) are difficult to apply in a setting like the Bronx, or to a health care delivery system like Montefiore.

In such a setting, one must focus on the specific health needs of specific populations, in specific communities, working with specific partners. That has been Montefiore’s historical approach to developing and operating its programs of community health, and that is the approach we have taken in developing this Community Service Plan.

In this Community Service Plan, we have chosen to focus on three different Prevention Agenda elements, in two different populations:

- ❑ Chronic Disease, specifically the epidemics of Diabetes and Obesity and Physical Activity and Nutrition in children enrolled in schools served by Montefiore’s School Health program, and
- ❑ Tobacco Use, among staff and clients of community based organizations in the Bronx, and among specific high-risk and/or high-prevalence populations in the Bronx.

B. Description of the Service Area

Note: Following is an overview of the population of the Bronx as a whole. Descriptions of the target populations for the two CSP Initiatives - which represent two different populations - are presented as part of the descriptions of each of those Initiatives.

Population of the Bronx:

According to the 2006 American Community Survey of the U.S. Census, the Bronx with 1.4 million residents is the nation's poorest urban county (and fourth poorest overall); its poverty rate then was 31% (compared to 21% city-wide) and median income \$31,494 (compared to \$46,480 city-wide). The 16th Congressional District in the South Bronx had the highest poverty rate (40.2%), lowest median income, and highest proportion of children living below poverty (50.1%) in the United States.

The Bronx is ethnically diverse. Its population is 52% Hispanic, 32% African-American, 12% White, 2% Asian, and 2% Other; Almost one-third (31.8%) of its residents are foreign-born and a majority (50.5%) of its births are to foreign-born mothers. Among these immigrants more people speak a foreign language at home (predominantly Spanish) than speak "only English." Its new immigrants come from diverse corners of the globe (in order of their numbers): Dominican Republic, Jamaica, Mexico, Ecuador, Guyana, Ghana, Honduras, Italy, Trinidad & Tobago, and Bangladesh.

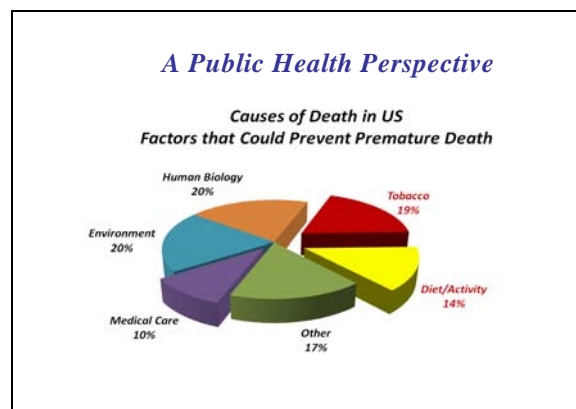
The Bronx was New York City's first borough to have a majority of people of color and is the only borough with a Latino majority. Only three counties in the eastern United States have a lower portion of Non-Hispanic whites and only one has a higher proportion of Latinos.

The Bronx is also the youngest county in New York State with 29.8% children and one of only five U.S. counties with more than 30% single family households. Before HRSA's 2008 regulation changes designating Health Professions Shortage Areas (HPSAs), almost half (45%) of our population lived in federally designated HPSAs; now the Bronx is qualified as a Whole County HPSA.

Despite its poverty, the Bronx has demonstrated not only resilience but excellence, having been recognized in 1997 by the National League of Cities for its All-American City Award; earlier this year our Borough President, Adolfo Carrion, Jr., moved to Washington to direct the Obama White House's Office of Urban Policy.

Health Status, Health Care Systems, and Health Professions

The Bronx has been an epicenter of the asthma, HIV, and drug epidemics and also has excess mortality rates from heart disease, stroke, and diabetes compared to city-wide and national averages. Meanwhile, among this great need, the Bronx is *losing* physicians.



- **Mortality Rates:** According to the *Community Health Profiles*, 2nd Edition, published by the New York Department of Health and Mental Hygiene in 2006, every neighborhood in the Bronx had a 10-40% higher age-adjusted mortality rate than New York City as a whole. The Highbridge-Morrisania neighborhood ranked 42nd (last) and Hunts Point-Mott Haven 40th of 42 New York City neighborhoods in age-adjusted mortality for 2003-2004, 40% and 35% higher than the city-wide average. In five of seven Bronx neighborhoods, cancer was the cause of the most potential life years lost; in the Central Bronx and Highbridge-Morrisania, HIV was the leading cause for premature death. Heart disease ranks third in potential life years lost.
- **Asthma** According to the 2006 New York City Community Health Surveys, adults in the Bronx self-report having current asthma at rates 40% higher and report ever having asthma at rates 41% higher than all New Yorkers, respectively. In 2006, more than half of Bronx asthmatics (50.7%) reported at least one emergency room visit compared to the city-wide rate of 41%. In the three neighborhoods where asthma hospitalization trends were reported in the 2006 *Community Health Profiles*--Central Bronx, Highbridge-Morrisania, and Hunts Point-Mott Haven--hospitalization rates for children decreased 35%, 40%, and 65%, respectively, over the decade from 1995-96 to 2003-04 but remained almost twice the city-wide rate. Adult asthma hospitalization rates, on the other hand, have increased since 1999-2000 in all three neighborhoods, growing to three times the city-wide average.
- **Diabetes:** According to the CDC, the overall prevalence of diabetes more than doubled in New York City from 3.7% in 1995 to 9% in 2004 (compared with 7% nation-wide) with the Bronx rate a staggering 12% (and some South Bronx neighborhoods at 17%); among Hispanics citywide the prevalence was even higher, 13%, and for Blacks 12%. Age-adjusted diabetes mortality for Hispanics in New York City doubled from 15 to 32/100,000 in the decade from 1994 to 2003, while diabetes hospitalization rates increased by 45% during the same period in the Bronx.
- **Health Insurance:** A 2007 report from New York City's Comptroller found that four of seven Bronx neighborhoods had more than 30% of adults who were uninsured; 13% of *insured* Bronx adults reported that they had no regular health care provider.
- **Physician Shortage:** HRSA now considers the Bronx a Whole County Health Professions Shortage Area (HPSA). According to the 2006 *New York State Physician Workforce Profile*, the Bronx suffered an overall 9% decline in physicians serving the borough from 2001-2005 with a 35% decline in surgeons and 23% decline in obstetrician-gynecologists despite continued population growth and very high need. Among the 3,589 physicians in the Bronx, 37% were women, 20% minority, 44% international medical graduates, 36% and 83% New York State medical school and residency graduates, respectively.

III. Public Participation

Note: Following is an overview of the ways in which Montefiore obtains and incorporates the perspectives of its communities and partners in the design and ongoing operations of its hospitals, programs and services. Descriptions of the Public and Partner Participation in the development of the two CSP Initiatives - which represent different populations, and different sets of partners - are presented as part of the descriptions of each of those Initiatives.

A. Overview of Montefiore's Approach

The main organizational approach that MMC uses to gain input and community involvement is through a variety of community advisory boards (CABs). MMC works extensively with representatives of the affected communities through these CABs to identify health care needs and determine the appropriate configuration of services.

On a regular basis, MMC reports to these various community groups on the medical center's performance and service priorities, the status of programs, financial and utilization statistics, the plan for and implementation of community services, and plans for the future.

- ❑ Each of MMC's hospitals has an organized CAB, made up of residents of the communities which each serves.
- ❑ Each of MMC's federally-funded community health centers has a similar CAB, made up of users of those facilities; and a number of the other health centers (Castle Hill Family Practice, Williamsbridge Family Practice, West Farms Family Practice, Marble Hill Family Practice) have developed their own CABs.
- ❑ The school health program has its own, well-developed mechanism to assure local input and community relevance for its programs. The programs at each of the 16 schools are defined and guided by active school-based Advisory Committees and Wellness Councils, whose members include principals, teachers, administrators, parents, students, and representatives from community agencies.
- ❑ In the planning of the Children's Hospital, MMC went a step further, involving children and families in the actual design of the facility, and including parents and family members on groups setting policies and procedures for the new Children's Hospital. That effort to include children and families in the children's hospital's operations continues, through the function of the Family Advisory Committee.
- ❑ The ID Clinic has a Consumers Advisory Committee of people living with HIV and AIDS who receive their care here. The Committee meets monthly with representatives from our patients, Clinic staff, and ID Clinic leadership. Patients on the Committee evaluate the delivery of services and care in the ID Clinic and provide feedback about the planning of new programs. Patients are welcome to attend any of the meetings as a guest.

Beyond the formal structure that Montefiore has established to gain input from the communities it serves, the medical center participates in a variety of organized partnerships and collaboratives, working with other providers in the Bronx, the NYCDOHMH, community-based organizations in the Bronx and members of the community in planning and developing initiatives aimed at improving the health of the people of the Bronx. Examples of such efforts include:

- ❑ The Bronx Health Link
- ❑ The Bronx RHIO
- ❑ The Bronx Collaborative
- ❑ The Bronx Breathes initiative
- ❑ The Bronx HIV Planning Council
- ❑ South Bronx Environmental Justice Partnership (SBEJP)
- ❑ CitiWide Harm Reduction Program
- ❑ Bronx Community Palliative Care Initiative
- ❑ Bronx Science and Health Opportunities Partnership
- ❑ Hispanic Center of Excellence
- ❑ Bronx Center to Reduce and Eliminate Ethnic and Racial Health Disparities (Bronx CREED).

IV. Assessment of Public Health Priorities

A. Criteria for Selection

These topic areas were selected as the focus for this Community Service Plan based on the consideration of a number of criteria:

1. **Direct Impact**: Both areas – diabetes and obesity prevention and management, and tobacco use – have been repeatedly documented as important health issues in the Bronx, causing substantial excess mortality and morbidity among Bronx residents. The Bronx has health indicators in these areas that are substantially higher than other parts of NYC and the state, and continuing disparities in each of these areas that require focused attention.
2. **Related Impact**: Both also contribute directly to other health problems in areas – cardiovascular disease and cancer – in which the Bronx has health indicators that are markedly higher than the remainder of NYC and the state.
3. **Readiness**: These are both areas in which Montefiore has existing efforts under way, focused on prevention. They are also areas in which the medical center has longstanding and effective partnerships, and partner support for plans to expand on what has been done, successfully, to date.

B. Selected Prevention Agenda Priorities

Montefiore has selected three of the state’s “Prevention Agenda” priorities as its focus in this report:

- ❑ Chronic Disease, specifically the epidemics of Diabetes and Obesity in the Bronx
- ❑ Physical Activity and Nutrition, and
- ❑ Reducing Tobacco Use

C. Status of Priorities

Both Initiatives represent expansions of existing community initiatives, supplemented by input and support from community partners.

Although not explicitly required, we felt it important to note that these two Initiatives are only **part** of what Montefiore is doing, to respond to the Prevention Agenda Priorities that are the focus of this Community Service Plan. There are a wide range of organized efforts to prevent and better manage Diabetes and Obesity, and to reduce the use of tobacco under way and/or planned across the medical center, focused on making a difference in the lives of three broad communities:

- ❑ the Montefiore “family”, our staff and associates, a population of 40,000 persons;
- ❑ the patients we serve:
 - the 200,000 people served by Montefiore’s primary care network, and
 - an additional 200,000 people to whom we provide emergency, inpatient and ambulatory specialty care; and
- ❑ the community at large.

Those efforts are summarized in the two charts, below.

Initiatives: Diabetes and Obesity

<u>Population Focus</u>	<u>Examples of Initiatives Under Way</u>
<u>Montefiore “Family”</u> Institutional Policies Employees and Families Initiatives	<u>“Worksite Wellness” Program</u> • Led by Wellness Council <u>Diet, Nutrition</u> • Green Carts and Farmers Markets on/near campuses, • “Cooking Healthy, Eating Right” programs <u>Exercise</u> • Zumba, Weight Watchers At Work, Montefiore Mile, • Yoga, “Bicycle to Work,” Car Free Saturdays
<u>Patients We Serve</u> Primary Care “Occasional” Users Special Populations	<u>Care Design and Delivery – QI Initiatives</u> • Referral services for difficult cases • Implementing Best Practices in Primary care • Diabetes Collaborative in FQHC’s, Medical Group • Diabetes in Pregnancy program (NYS-designated Center of Excellence) <u>Obesity Prevention programs in School Health</u> • Obesity Prevention programs in Adolescent Medicine • Improved management of patients w Diabetes on Inpatient and ICU’s <u>Population/Patient Care Management</u> • Patient Education: Peer educators • Diabetes self-management training • Registries for diabetes, HBA(1)c, BMI • RN-led Care Management programs for complex patients w Diabetes
<u>The Community, at Large</u> Specific Geographies Bronx, as a Whole	<u>Outreach</u> • Focus on diabetes a featured element in MMC health fairs and events • Health education programs focused on diet, exercise & diabetes prevention • Partnering w/ CBOs in their communities (eg. Mosholu Community Center, Co-op City) • Reaching out to “special populations” • Seniors in subsidized housing in southern Westchester and in the Bronx • Expansion of the Westchester Seniors program to NORCs in the Bronx

Initiatives: Reducing Tobacco Use

<u>Population Focus</u>	<u>Examples of Initiatives Under Way</u>
<u>Montefiore “Family”</u> Institutional Policies Employees and Families	<u>Commitment to being a Smoke-Free institution & campus</u> Hospitals Primary Care Centers Specialty Care Centers <u>Occupational Health</u> Smoking Cessation counseling and referral Support groups <u>Benefit Redesign</u> Tiered health insurance groups, cost-sharing
<u>Patients We Serve</u> Primary Care “Occasional” Users Special Populations	<u>Primary Care Provider training by Bronx Breathes in smoking cessation</u> 8 sites, to date, including post-implementation audits and QI Plan to move to all primary care sites <u>Smoking cessation counseling, referral for all hospital inpatients</u> 4 units, to date, including QI audits Plan to move to all units, all hospitals <u>Special populations program</u> Tailored programs in substance abuse, HIV, homeless, mental health services
<u>The Community, at Large</u> Specific Geographies Bronx, as a Whole	<u>Smoking cessation programs offered to community</u> Featured element in MMC health fairs and events Referrals to Quitline and other resources Support groups for smking cessation at all hospital sites <u>Participation in Bronx Breathes Partnership</u> Extending Smoking Cessation training, service to CBOs Collaborative Smoking Cessation education programs in specific communities Public service messaging Advocacy

D. Non-Prevention Priorities Considered in Assessment Process

In addition to Montefiore's efforts in the priority areas selected, there are numerous, ongoing activities that focus on several of the other priority areas in the Prevention Agenda, in addition to other areas of public health need in the community. Existing programs at Montefiore focus specifically on the following additional Prevention Agenda priorities: Access to Quality Health Care; Healthy Mothers/Healthy Babies/Healthy Children; Unintentional Injury; Healthy Environment; Chronic Disease; Infectious Disease; and Mental Health/Substance Abuse.

Montefiore also is involved in programs and activities that address the needs of its communities, but are not specifically included in the Prevention Agenda priorities of the DOH.

Examples of these efforts are presented in Attachment A.

V. Montefiore's Community Service Plan - 2010-2013

Introduction: In prior submissions of its Community Service Plan, Montefiore has focused on its efforts, as a health care delivery system, to provide services to its community that went beyond what is traditionally considered the role of an acute care hospital. In the main, the programs we reported on in those Plans focused on efforts to:

- ❑ To increase access to its primary care and specialty services,
- ❑ To reach out to underserved populations, bringing them into the health care system, and/or to bring services to them in non-traditional settings, and
- ❑ To "tailor" health care services to meet the unique needs of "special populations" and specific communities, and to reduce disparities in access, and health outcomes.

The medical center continues to support and expand on those efforts (an overview of those programs is provided in Attachment A).

This Community Service Plan reflects a change in focus, moving "upstream" of the traditional scope of hospitals and providers of direct patient care services, to advance the state's "Prevention Agenda". Montefiore has noted its involvement in such efforts in prior CSP submissions, but our primary focus in prior Community Service Plan submissions has been on efforts to expand direct patient care services to populations in need.

This revised Community Service Plan format sharpens that focus on the agenda of the New York State Department of Health and that of the NYCDOHMH: on efforts to prevent and control diseases, **before** they cause avoidable mortality, morbidity and utilization of health care services.

Montefiore has been and remains heavily involved in, and committed to that "public health agenda" as well. Some examples of such ongoing efforts include:

- ❑ The Lead Poisoning Prevention Program, which led borough-wide and citywide efforts to reduce the impact of lead poisoning in children, focusing on identification and remediation of apartments and housing with high levels of lead paint;
- ❑ Early identification and prevention of HIV infection, including leadership role in an effort to increase routine screening for HIV infection (an extraordinary partnership among Bronx providers and the NYC and NYS Departments of Health, to make the Bronx "The Borough That Knows") and to encourage and advocate for measures (like early and ongoing advocacy for needle-exchange programs) focused on prevention of the spread of HIV infection in at-risk communities;

- ❑ Efforts to improve maternal and infant health, including a partnership with the March of Dimes on efforts to reduce rates of low birth-weight and premature births, and the operation of one of the city’s largest WIC programs, providing health education and nutrition to poor mothers, infants and children;
- ❑ Outreach efforts focused on cancer prevention, and the early detection of cancer, particularly in underserved populations who present late to care, and effort that is now being greatly expanded;
- ❑ Greatly-expanded programs of outreach education and promotion of healthy lifestyles and behaviors, specifically focused on risk-reduction for the diseases that are particularly problematic in the Bronx: obesity, diabetes, cardiovascular disease to at-risk populations and in at-risk communities in the Bronx and southern Westchester; and
- ❑ Sponsorship and support of programs
 - that create a “healthy infrastructure” in the Bronx, including partnering with the NYC Parks Department, NYC Department of Transportation, Bronx River Alliance and the Rails to Trails Conservancy to increase availability, access to and use of the borough’s rivers, parks and greenways;
 - that promote and enable increased physical activity, including ongoing efforts to develop bike lanes on Bronx streets, sponsorship of the “Tour de Bronx” bicycling event, organizing/providing ”Zumba” classes in communities across the Bronx; and
 - that encourage and promote Healthy Eating, like Montefiore School Health efforts to change the lunch program of the NYC Department of Education to eliminate whole milk from school lunches; and Montefiore’s sponsorship and support of Farmers Markets and Green Carts in neighborhoods where it has facilities, working with the NYCHOHMH on its “Healthy Bodega Initiative”.

Overview and Focus of The 2010-2013 CSP Initiatives

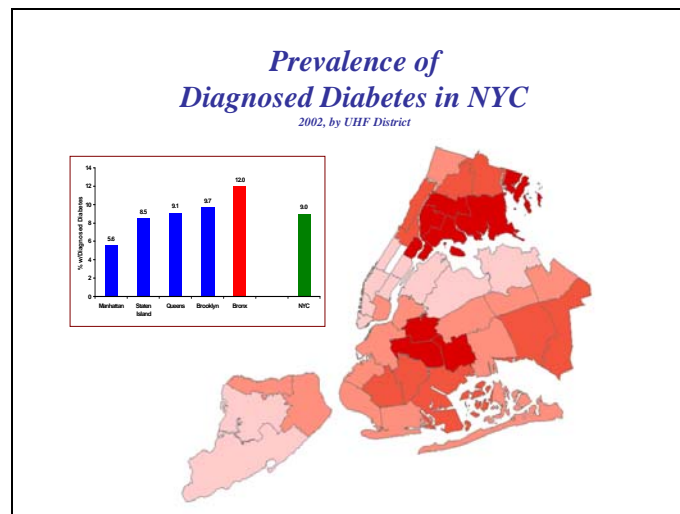
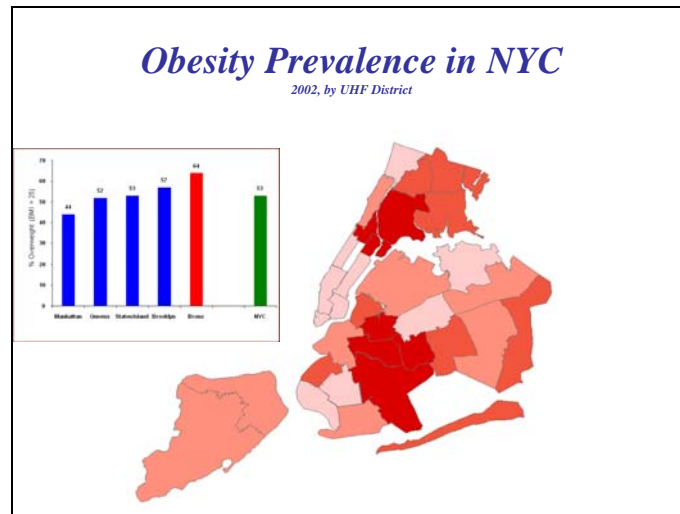
The Initiatives discussed in this Community Service Plan represent two quite different efforts. Each addresses a different health problem that has been identified by our local health department (the NYCDOHMH) as a priority; each focuses on a different population or “community”; each has involved a different set of partners; and each has a different action plan.

For that reason, we have - for the sake of coherence - organized our response to the required elements (“Priorities, Criteria for Selection, and Status”, Sections III, IV and V of the Instructions) as part of the project-specific discussion and description of the two specific program Initiatives that are being presented in this Community Service Plan.

Montefiore has selected three of the state’s “Prevention Agenda” areas as its focus in this report:

- ❑ Chronic Disease, specifically the epidemics of Diabetes and Obesity in the Bronx
- ❑ Physical Activity and Nutrition, and
- ❑ Reducing Tobacco Use

The first Initiative focuses on the first two identified “Prevention Agenda” topics. Diabetes and obesity are closely related as health problems, and together, represent one of the most pressing health issues facing the Bronx. Increased physical activity and improved nutrition are important in the prevention, control and long-term management of those chronic diseases. In brief, a high and increasing prevalence of diabetes and obesity are the “community diagnosis”, and increased physical activity and improved nutrition are elements of the indicated “treatment plan”.



The first Initiative presented below responds to both of these Prevention Agenda items, focusing on reducing childhood obesity and preventing diabetes, through the expansion of an existing multi-part intervention in schools where Montefiore has an existing school-based health service.

The second Initiative responds to the third Prevention Agenda item, Reducing Tobacco Use. That Initiative is a planning and program design and implementation effort being undertaken in collaboration with an existing state-funded smoking cessation contractor (Bronx BREATHEs), the NYCDOHMH and a number of community-based organizations, to extend smoking cessation services to staff and clients in CBOs, and to specific high-smoking-prevalence populations in the Bronx; and to increase public education and advocacy around smoking cessation, in communities across the Bronx.

More specific discussion of the Initiative-specific elements - Participants in the planning efforts (Item III in the CSP outline), the Assessment of Public Health Priorities and reasons these topic areas and populations were selected (Section IV in the CSP outline) and the Strategies proposed to address them (Section V of the outline) - will be addressed in the description of the Initiatives themselves, below.

Initiative # 1: Expanding a Proven School-Based Obesity Prevention Program

IV. B: Selected Prevention Agenda Priorities

Montefiore selected the following two Prevention Agenda areas as the focus for this Initiative:

- Chronic Disease, specifically prevention of Diabetes and Childhood Obesity, and
- Physical Activity and Nutrition

IV. C: Status of Priorities

This Initiative represents an expansion of an existing community initiative (the program is currently operating in five (5) schools, and the plan is to expand it to all of the 16 schools served by Montefiore's SBHS) supplemented by input and support from community partners.

V. Overview of the Initiative

Childhood obesity is a serious problem among school children in the Bronx, generating avoidable morbidity in the children affected, and putting them at greatly increased risk for the development of diabetes in later life. Two factors contributing to this epidemic are a lack of physical activity and poor nutrition among the borough's school-aged children.

Montefiore operates a long-standing, successful Montefiore School Health Program (MSHP). Founded in 1983, it currently serves 16 schools in the Bronx.

MSHP is the largest and most comprehensive school-based health program in the country, and a major community outreach program for children living in the Bronx. It provides a range of medical, mental health, reproductive and health promotion services to 27,000 students who make over 70,000 visits per year.

The MSHP provides a wide range of comprehensive primary care services including health maintenance examinations; immunizations; screening tests; first aid for injuries and emergencies; diagnosis and treatment of acute and chronic medical problems; as well as secondary and tertiary care referrals. Mental health services include screening and risk assessment; individual patient therapy or counseling; and, referral services. Dental services include preventive care as well as restorative services.

In 2004, Montefiore was awarded a grant from the JE & JZ Butler Foundation to develop a *Healthy Kids* initiative. *Healthy Kids* is a partnership between the MSHP and five Bronx elementary schools to operate a multifaceted program of physical activity and nutritional education and hands-on experience, focused on reducing childhood obesity by establishing an effective, sustainable and reproducible school and community based program that promotes exercise and healthy eating.

We have successfully partnered with five schools in implementing the *Healthy Kids* program, and will, in this Initiative, be expanding this program to eleven other schools served by Montefiore's school-based health service, over the next three years.

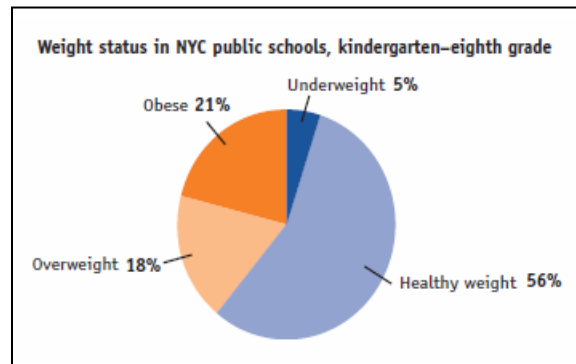
A. Community Need

The Bronx has New York City's highest population of ethnic minority families, who are disproportionately affected by the obesity epidemic. A study by faculty at Montefiore assessed the body mass index (BMI) of 4,052 Bronx elementary school children and found that 40% to 47% of students were overweight or at risk of overweight (with BMI for age \geq 85%).

The demographic population of Bronx county, as described earlier, is: 52% Hispanic or Latino and 32% Black or African American. With 31% of the Bronx population living below poverty, the Bronx is the poorest county in the Northeast and the only one in the region where 50% of children live in families below poverty level.

A report issued by the NYCDOHMH notes that:

- More than one in five public school children (kindergarten through eighth grade) are obese (21%), and a similar number of students are overweight (18%).
- Compared with children nationwide, NYC children are more likely to be obese (21% vs. 17%) and overweight (18% vs. 14%).
- While obesity is common among all racial and ethnic groups in kindergarten through eighth grade, Hispanic students are the most affected. 29% of Hispanic boys are obese.



Obesity epidemic and need for physical activity

Physical inactivity is one of the major modifiable factors contributing to the growing national epidemic of childhood obesity. Schools are in a uniquely favorable position to increase physical activity and fitness among their students who usually spend half of their waking hours in these settings. With the alarming rise in childhood obesity rates, promoting physical activity in schools is of great importance.

Medical and national public health authorities recommend daily school physical education for all ages due to well-known health benefits of physical activity. The American Academy of Pediatrics' (AAP) Committee on Sports Medicine and Fitness and Committee on School Health urges schools to provide physical and social environments that encourage and enable physical activity as well as implement comprehensive, daily physical education delivered by appropriately trained teachers. In addition, the National Association for Sport and Physical Education sets standards and curricula for physical education in US schools.

Nevertheless, daily physical education among elementary and secondary school students is not common in United States' (U.S.) schools. Only 8% of elementary, 6.4% of junior/middle, and 5.8% of high schools provide daily physical education for students in all grades. Moreover, some of the schools in many low-income communities, such as the Bronx, New York do not even have gymnasiums or physical education teachers.

Bronx Schools and lack of Physical Activity

Despite the Center for Disease Control and Prevention (CDC) recommendation that children get at least 60 minutes of daily physical activity (CDC, 1997) many children in Bronx public schools spend an entire school day sitting, rarely engaging in physical activity strenuous enough to raise their heart rate. Lack of adequate gymnasium space frequently results in sporadic or non-existent physical education for many grades.

Even the schools with gymnasiums and play spaces often use them as classrooms to ease overcrowding. About 18% of New York City's (NYC) schools do not have a gymnasium, 94% of schools are without athletic fields, and more than 50% of elementary schools have no playground. Only two of the six Bronx elementary schools that we surveyed had a gymnasium, none had a physical education class for all students, and all had playgrounds that were being used for portable classrooms. Looking at the same schools, we found that lack of gymnasium space was associated with low student aerobic fitness levels.

The need for in-classroom, short Physical Activity

In addition to the many obstacles low-income Bronx schools face with providing physical education to the students, there is a historical resistance to physical education on the part of school administration, in its belief that physical education will reduce instruction time for core academic subjects (Shephard, 1997). A short in-classroom exercise program led by the teachers would help ameliorate the above barriers.

Several schools have been implementing local policies to improve the quantity and quality of physical education. However, no policy has been found to be sustainable, cost-effective and widely adapted by other schools either locally or nationally. As part of the policy initiatives to promote physical education in Bronx elementary schools affiliated with our large School Health Program, we have developed a low-cost, teacher-friendly "Moving Smart" CD to get students active in the classroom. The "Moving Smart" CD is a short-burst, 10-minute, education-focused aerobic activity led by teachers in their classrooms.

The program provides integrated lessons that not only promote physical activity, but also reinforce academic learning objectives. The program is mixed in a recording studio by a professional recording talent who sets the lessons to contemporary music beats that get students on their feet.

B. Involvement with Community Partners (Section III A and B):

The design, development and implementation of the *Healthy Kids* initiative grew out of an ongoing partnership of the MHSP with school-based School Health Committees. In the design of the program, the MHSP staff and the Committee undertook an assessment of the fitness and nutrition needs of the schools using the Center for Disease Control and Prevention's "School Health Index," and the development of a plan to address those needs.

In each school served by the MHSP, there is a school-specific **Wellness Council**, a representative committee of Principal, Assistant Principals, teachers, parents, guidance counselors, students (grade dependent) Parent Coordinators and School Nutrition staff that

- assesses the school's health status, the health status and needs of the students in their school,
- establishes an action plan, and
- monitors implementation activities, including coordination with the SBHS for immunizations etc.

In each school, the Wellness Council is closely involved in the design of the Healthy Kids program (which is tailored to the individual schools' population and needs), approves the program design and implementation plan and is involved in the ongoing monitoring and evaluation of the effectiveness of the *Healthy Kids* program, in their school. The initiative also includes partnerships with governmental and non-governmental agencies to provide programming resources and policy development support.

C. Program Description:

The *Healthy Kids* interventions take place in the classroom, school-wide, and on a community level and use evidence-based programs as the basis for all of our interventions. Parent involvement is integrated into the school-wide and community activities. The Goals of the program are:

1. To increase physical activity for children to a minimum of 30 minutes/day.
2. To implement healthy eating within the school.
2. To actualize healthy eating and physical activity for families of school children.
3. To develop on-going partnerships focused on wellness and health promotion in the communities in which the schools are located.

Since 2004, the *Healthy Kids* initiatives and policies – designed, approved and implemented with support from the schools’ Wellness Councils - have been piloted in five MSHP elementary schools, including the following elements:

- 1) The “Moving Smart” program.
- 2) “Cooking With Kids” program where teachers are trained to lead cooking classes based on cookshop curriculum designed by Food-Change in their classrooms; cookshop recipes are sent home and students keep journals of the foods they eat at home.
- 3) 1% milk curriculum was developed to educate, familiarize and popularize 1% milk in cafeterias.
- 4) 5-9 Fruits and Vegetables program where 4th and 5th graders are challenged to consume 5-9 portions of fresh fruits and vegetables daily.
- 5) Programmed recess and early morning activities, where the *Healthy Kids* Program facilitated participation by the School Aides in a SPARK training sponsored by the NYC Department of Health and Mental Hygiene. Organized activities involve all students in games and movement during their lunch recess period and after breakfast.
- 6) Parkland revitalization where the *Healthy Kids* program has been working with the Mt. Hope Housing Company, the NYC Department of Parks, New Yorkers for Parks, and the NY Botanical Garden to beautify neighborhood parks, develop a school-community garden, and create a fitness program with marked walking paths and dedicated recreation personnel.
- 7) Community Supported Agriculture which is a partnership established by the *Healthy Kids* program between the school community and a local farmer who delivers fresh organic produce weekly.
- 8) Parent and Community Cooking classes where the *Healthy Kids* program has engaged Cornell Cooperative Extension to provide cooking and nutrition classes to parents in two schools.
- 9) Family Saturday Fitness and Nutrition Programs, where students and their families engage in fitness and nutrition activities at the school and throughout the city.

D. Goals:

The *Healthy Kids* program is currently operating in five of the sixteen schools served by the MSHP. The Goal of this initiative is to expand that program to the remaining 11 elementary, middle and high schools served by the MSHP.

E. Implementation Plan - Overview

In each new school, the Community Health Organizer (CHO) will work with the school's Wellness Council and a group of students to assess the school's status. The Assessment Tool is an amalgam of the CDC's School Health Index; the Alliance for a Healthier Generation's Healthy Schools Program Framework; and the NYC and NYS DOE regulations.

Once the assessment has been completed, the Wellness Council will work on an Action Plan to address one or more of the areas needing improvement. The CHO will then work with the school to (a) identify resources that can help the school meet its objectives and (b) provide examples of policies and "best practices" other schools have implemented to achieve their goals.

One food objective across all elementary schools has been to eliminate unhealthy snacks in the classroom. In the spring 2009, CHOs assisted 5 elementary school principals to apply for a very competitive NYS fruit and vegetable grant. This grant would offer additional fruit and vegetables to all students on a daily basis (\$.60/student/day), eliminating the need for snacks from home and providing students with fresh fruits and vegetables instead. The award announcement is pending but the concept of bringing in resources to fulfill a policy goal is in place.

Once an intervention is planned, the Community Health Organizer will monitor the implementation by checking in with teachers, school aides, and Assistant Principals on an on-going basis. Where there is oversight by another organization, for example with Cookshop or Cornell Cooperative Extension, the MSHP will connect with that organization for their assessment of their own program. That data is then shared with the school leadership at the Wellness Council meetings where a decision regarding the next action steps are made.

In addition, the CHOs maintain a daily and monthly process log which is reviewed at a monthly supervision. Challenges are addressed and where needed, additional MSHP staff will intervene. BMI information is taken jointly with the PE teachers and the MSHP staff and now FitnessGram data from the DOE will be reviewed as well. In instances of specific interventions, more rigorous studies are in place. *Moving Smart*, the classroom-based aerobic program, is one such example.

An important part of implementation and monitoring is celebrating victories. Year end cooking parties, gatherings at the Bronx DOE office, and thank you gifts to teachers and school staff have been signature endings to the school year.

Objectives and Milestones:

Objective 1: Wellness Councils

To assure that each of the participating schools has in place a formal Wellness Council, that is actively involved in the design, implementation and ongoing monitoring of the *Healthy Kids* program, at their school.

Q4, 2009 - Q2, 2010:

- Work with school administration, teachers, parents and students to assure that a Wellness Council is in place, and involved in the design and implementation of the *Healthy Kids* curriculum components.

Objective 2: Program Design

To tailor current *Healthy Kids* curriculum (in place in 5 elementary schools) to the needs of middle school and high school students.

Q4, 2009- Q3, 2010:

- ❑ Work with NYC Dept of Education, NYCDOHMH and Wellness Councils to decide on the best approach to designing the *Healthy Kids* program, so it complements the schools' overall Youth Development program, and works well in middle schools and high schools.
- ❑ Design and test tailored program elements in the *Healthy Kids* program, for implementation in middle and high schools.

Objective 3: Staffing

To finalize sources of funding for Community Health Organizers for each of the 11 schools targeted for implementation of the *Healthy Kids* program, and initiate their recruitment, training and deployment in the schools.

Q4, 2009:

- ❑ Finalize sources of funding for Community Health *Organizers (CHO)* for each of the 11 schools targeted for implementation of the *Healthy Kids* program, to include:
 - A full time CHO in each of five large high schools.
 - A half-time CHO for schools of 1,500 students or less.

Q1-Q2, 2010:

- ❑ Finalize job descriptions and roles of CHO's in the schools, begin recruitment.

Q2-Q3, 2010:

- ❑ Hire and train CHO's.
- ❑ Begin deployment, work with school administration, faculty, parents and students to finalize implementation plans for each school.

Objective 4: Policy

To work with NYC Dept of Education, NYCDOHMH and the school Wellness Councils to assess specific policies that would need to be in place and/or more effectively implemented, to increase the effectiveness of the *Healthy Kids* program.

Q4, 2009 – Q2, 2010, and ongoing:

- ❑ Work with NYC Dept of Education, NYCDOHMH and the school Wellness Councils to put in place policies that reinforce the Wellness agenda, eg.
 - The Healthy Snack policy
 - Creation and support of the school-based Wellness Councils
 - Physical Education policies
 - Policies and programs aimed at reducing Tobacco Use among students

Objective 5: Program Implementation

To begin operations of the *Healthy Kids* program at the 11 schools.

Q3, 2010:

- ❑ Begin operation of the *Healthy Kids* program at the 11 schools.

Initiative # 2 : Reducing Tobacco Use in Targeted Populations

IV, B: Selected Prevention Agenda Priorities

Montefiore selected the following Prevention Agenda item as the focus for this Initiative:

- Reduce Tobacco Use

IV, C: Status of Priorities

This Initiative involves the expansion of an existing community partnership (Bronx-Einstein Alliance for Tobacco-Free Health or Bronx BREATHEs, New York State Department of Health's Tobacco Control contractor for the region) supplemented by input and support from community partners, to extend tobacco cessation services and support to additional populations.

Assessment of Community Need:

Analysis of New York Smoking Trends by Race/Ethnicity and Borough, 2002-2008

Beginning in 2002, New York City initiated a comprehensive tobacco control program (1) banning smoking in workplaces, restaurants, and bars; (2) raising cigarette excise taxes; (3) enforcing the prohibition of cigarette sales to minors; and (4) expanding cessation services (including free nicotine replacement therapy on request).

Combined with this citywide program, aggressive clinical efforts to promote smoking cessation, through Bronx BREATHEs have yielded a significant drop in smoking rates in the Bronx from 2002 to 2008, almost twice the absolute percentage change as the city-wide average and more than in the four other boroughs. (See Table 1 below, "Changes in Smoking Prevalence in New York City & Its Boroughs, 2002-2008.")

In addition, the Bronx smoking prevalence for whites was 24.5%, for Blacks 25.8%, and for Hispanics 24.3% in 2002; by 2008 the smoking prevalence for whites had fallen to 14.7%, for Blacks to 19.9% and Hispanics to 16.4%, a statistically significant change for both Hispanics and whites. Other boroughs did not see this degree of change. (See Table 2.) (Not shown: Queens had no significant changes, while Staten Island had statistically significant changes only for Hispanics.)

While Bronx smoking rates improved more than any other borough except Manhattan, its borough-wide and racial/ethnic group rates remain higher than city-wide averages and all boroughs except Staten Island. Smoking disparities in the Bronx, however, remain between whites and people of color, and the Healthy People 2010 goal of 12% smoking prevalence remains to be achieved.

Table 1. Changes in Smoking Prevalence in New York City & Its Boroughs, 2002-2008

Borough Current Smoker	Smoking Prevalence 2002 (%)	Smoking Prevalence 2008 (%)	Absolute Change (in %)	Percentage Change (2008/2002)	p-value
Bronx	25.2	17.1	-8.1%	-32%	<0.001
Brooklyn	19.7	16.4	-3.3%	-17%	0.018
Manhattan	21.1	13.8	-7.3%	-35%	<0.001
Queens	20.8	15.5	-5.3%	-25%	0.003
Staten Island	27.2	21.0	-6.2%	-23%	0.069
New York City	21.5	15.8	-5.7%	-27%	<0.001

Note: Based on annual BRFSS Community Health Surveys

Table 2. Changes in Smoking Prevalence by Borough and Racial/Ethnic Groups, 2002-08

Borough Current Smoker	Smoking Prevalence 2002	Smoking Prevalence 2008	Absolute Change (in %)	Percentage Change (2008/2002)	p-value
Bronx					
Hispanics	24.3	16.4	-7.9%	-32.5%	<0.05
Blacks	25.8	19.9	-5.9%	-24.1%	NS
Whites	24.5	14.7	-9.8%	-41.0%	<0.05
Brooklyn					
Hispanics	21.6	13.8	-7.8%	-37.7%	<0.05
Blacks	16.6	15.5	-1.1%	-6.6%	NS
Whites	22.7	18.9	-3.8%	-16.7%	NS
Manhattan					
Hispanics	20.4	14.4	-6.0%	-29.4%	NS
Blacks	27.2	20.3	-6.9%	-25.4%	NS
Whites	19.7	13.4	-6.3%	-33.3%	<0.05
New York City					
Hispanics	21.4	14.9	-5.5%	-25.7%	<0.001
Blacks	20.8	16.8	-4.0%	-19.2%	0.017
Whites	23.8	16.8	-7.0%	-29.4	<0.001

Source: NYCDOHMH Tobacco Control Program. Statistics calculated by Bureau of Epidemiology.

V. Overview of the Initiative

Montefiore Medical Center chose Tobacco Control as a priority for its Community Service Plan because our assessment process identified it as the statewide prevention priority that:

- Provided an opportunity to partner and collaborate with a community-based entity,
- Contributed towards achieving the Healthy People 2010 goals in reducing smoking prevalence, and
- Contributed towards achieving the Health People 2010 goal in reducing and eliminating health disparities in smoking.

Involvement with Community Partners (Section III A and B):

With collaboration as a major criterion, MMC initiated a discussion in the late spring, 2009 with the New York State Department of Health's Tobacco Control contractor for the region, the Bronx-Einstein Alliance for Tobacco-Free Health (Bronx BREATHEs) about ways to increase the reach of their existing educational and quality improvement efforts with primary care providers in the Bronx.

Montefiore currently participates as a part of the Bronx BREATHEs Collaborative. Together with staff from Bronx BREATHEs, we convened a series of meetings with high-level representatives from other Bronx-based community partners, including St. Barnabas Hospital, the Citizen's Advice Bureau, and New York City Department of Education, to discuss needs and possible approaches to addressing them.

These partners quickly reached consensus on the importance of such a collaborative partnership, and agreed to work together to craft a specific initiative.

MMC decided upon collaboration with Bronx BREATHEs, Citizen's Advice Bureau, the New York City Department of Education, and St. Barnabas Hospital and potentially other community-based organizations (CBOs) for the focus of our Community Service Plan submission. As an impartial collaborative and NYSDOH- recognized partnership, the Bronx BREATHEs coalition has a capacity to address the needs of the additional community partners, including Montefiore, as we all engage in the expansion of tobacco cessation and prevention services. MMC concluded that such a community coalition, going beyond our institutional boundaries and obligations, was the most effective, collaborative option to achieve the mandated prevention priority and serve our Bronx community.

Bronx BREATHEs was initiated in 2002 with a primary focus on engaging physicians and other clinicians to increase smoking cessation interventions in doctor-patient encounters and increase the utilization of NYSDOH-sponsored smoking cessation services by physicians for their patients, such as the Quitline and Fax-to-Quit services.

When the program was renewed for an additional five-year cycle in 2009, its charge was expanded to include the following activities:

- Increase the number of community-based physician practice groups using the cessation model,
- Maintain the level of usage of cessation services by previously enrolled health care organizations,
- Engage in system change activities, i.e. support computer-based documentation of smoking integrated into the Electronic Medical Record, increase public awareness of current tobacco cessation services offered by MMC, St. Barnabas, and Bronx BREATHEs using multiple media to reach both clinician and patient audiences, and
- Develop train-the-trainer modules for expanding the reach of Bronx BREATHEs.

Target Populations:

The partners agreed on the need for any intervention that resulted from this partnership to focus on not only the various patient/client constituencies that Bronx BREATHEs has traditionally served (i.e. clinicians) but also to reach out to two target populations:

- The first priority focus identified was to increase smoking cessation efforts
 - for the staff of the partner organizations (and other, similar CBO's) who are frequently also members of the communities targeted, and
 - for the clients they serve.
- A second priority focus was identified, the need to expand smoking cessation efforts for high-smoking-prevalence populations- substance users, the mentally ill, HIV-infected and the homeless, and for high-risk populations in the borough's schools.

Implementation Plan:

Montefiore's intervention with Bronx BREATHEs over the three-year cycle of the Community Service Plan will focus on the promotion of tobacco cessation among current staff, continued clinician training in smoking cessation skills, and maximization of systemic changes within the institution and throughout the larger community that reduce tobacco use and increase measurable tobacco cessation activities.

The activities related this Initiative will build on those efforts, through the creation of a formal Planning Group within the Bronx BREATHEs Partnership that will focus on developing and implementing specific action plans over the next six months to expand the reach of its smoking cessation efforts in two broad areas:

1. Offering Bronx BREATHEs' tobacco cessation services to a broader, non-institutional community, supporting efforts by
 - o developing smoking cessation capacity among our initial CBO partners,
 - o recruiting more CBOs to the Partnership,
 - o developing smoking cessation capacities that reach beyond clinical provider groups, and CBOs,
 - o to introduce new potential partners to Bronx BREATHEs; and
2. Sharpening the focus on specific high-risk and/or high-smoking-prevalence populations, increasing efforts to reach special populations that fall outside of traditional reach of Bronx BREATHEs' mandate - HIV-infected, substance abuse, homeless, school- aged, and mental health service populations.

The proposed membership/partners in that effort will include representatives of the Bronx Borough President, Bronx BREATHEs, Montefiore, St. Barnabas, Einstein, Citizens' Advice Bureau, NYC Department of Education, WIN, Phipps Housing, The Bronx Health Link, and the Bronx regional office of the NYCDOHMH.

This process is expected to result in the following deliverables, milestones and timeframes (to be reviewed, amended as necessary and adopted by the Bronx BREATHEs Partnership):

- **Q4, 2009**
 - Convene Bronx BREATHEs Partnership Planning Group - October, 2009.
- **Q1, 2010:**
 - Finalize outreach and training model for initial CBOs.
 - Outreach to / recruit other CBOs.
- **Q2, 2010:**
 - Train-the-trainers programs initiated for staff and clients of first cohort of CBOs.
 - Outreach to providers of primary care services to special populations begun.
- **Q3, 2010:**
 - Initial outreach educational efforts for the first cohort of CBOs completed.
 - Planning for expansion of education outreach to providers of services to special populations begun.

Montefiore's Commitment:

As part of this effort Montefiore has committed

1. To partner with Bronx BREATHEs on this effort, to participate in that Planning Group, to reach out to and bring other community partners into the planning process, as members of the Bronx BREATHEs Partnership;
2. To expand access of Bronx BREATHEs staff and programs to providers in its programs serving the identified special populations, in its programs and services for the HIV, in its mental health and substance abuse treatment programs, in the school based health services it operates, in its outreach services to the homeless; and
3. In addition, Montefiore has committed to use its leverage and support for Bronx BREATHEs activities by conducting an increased collective level of public messaging and events to promote tobacco use cessation activities.

The distinct activities and interventions of the Bronx BREATHEs Collaborative as a part of the Tobacco Control Community Program will continue throughout this intervention. The Montefiore activities will supplement and support those activities, while providing a larger opportunity for the programs to impact the Bronx community.

Montefiore is aware of the plans for the Bronx NYS Community Partnership program that will be coordinated by the Bronx District Public Health Office of NYCDOHMH. This Partnership will focus on tobacco control policies, including point-of-sale programs and smoke-free outdoor air and housing initiatives. Montefiore will collaborate with this new Partnership when it is implemented. The Community Partnership grant period is 2009-2014.

VI. Financial Aid Program

A. Successes and Challenges

Successes

Montefiore has a charity care program which is a model program, providing outreach, enrollment assistance and charity care. Staff reach out to every patient who has received services at Montefiore who is uninsured. Information on the financial aid policy and procedures is provided to patients, in both English and Spanish, including brochures available in all the patient service areas, information posted on the intranet and internet, and information on the bills sent out to patients. When a patient requests a financial aid consultation, we set up an interview or send out an application to be completed. Our program first attempts to assist the patient in getting enrolled in a state program. We recognize that if they are enrolled they will be able to fill their prescriptions and see physicians. Montefiore has made major investments in manpower to support the patient through this process. We have staff located at all our facilities who can complete an application and send it to HRA. Our success can be measured by the number of patients who were enrolled in the Medicaid program (excluding patients enrolled in PCAP) -

- In 2007, 3,669 patients were enrolled
- In 2008, 4536 patients were enrolled
- In 2009, we estimate that 5,600 will be enrolled

If a patient gets enrolled in Medicaid, but the enrollment does not cover the period of time the service occurred, the payment for that treatment episode is considered charity care.

We believe our approach to financial aid for patients improves the access to care and the quality of care because patients will not be hesitant to see their primary care physician instead of using the emergency room for their care. We believe that this has been our greatest success.

Challenges

Montefiore faces the same challenges that the country faces in getting patients to enroll in the programs for which they are eligible. Staff reaches out to community groups and provides information on financial aid to people attending local health fairs. The state is attempting to make the enrollment process less cumbersome, which will make it easier for patients. Montefiore has recommended that the state allow providers to pre-self enroll to get patients on coverage when they seek care, and then retroactively review the case to determine if the enrollment was appropriate (this is similar to what was done during 9/11).

General accomplishments, process improvements and/or best practices related to our Financial Aid Program

Montefiore has opened up the lines of communication with the Human Resources Administration to expedite the enrollment process for patients. The financial aid program has also provided patients with access to a primary care provider, since there are no longer concerns about insurance coverage. This ultimately has a positive effect throughout our community.

VII. Changes Impacting Community Health/Provision of Charity Care/Access to Services

A. Potential Impacts

There are no anticipated changes within Montefiore, directly, that are expected to impact our ability to provide Community Health services, Charity Care, and Access to our services. Over the years, Montefiore has been presented with many financial challenges, resulting in budget and staff reductions. However, Montefiore has always remained committed to its Community Service mission and has found ways to meet this mission, through budget allocations and other sources of funding, including grants and philanthropic contributions.

Montefiore's circumstances are not the most financially advantageous - it serves a comparatively poor community with an adverse payor mix, and exists without a major endowment or fund-raising potential to support operational losses. For a variety of reasons, however, and using a variety of funding sources, the institution is heavily invested in community services.

Montefiore will continue to be challenged to meet the needs of its community in light of the potential for changes on the federal and state levels, in addition to the continuing evolution of the private insurance market. However, as noted, the commitment to Community Service will always remain strong.

VIII. Dissemination of the Report to the Public

A. Public Information

Montefiore disseminates information to the public regarding its community health programs and availability of financial assistance programs in a number of ways:

- The Community Service Plans and the Financial Aid policies and procedures are posted in the Montefiore website.
- The Community Service Plan is mailed out to board members, community leaders, and political representatives.
- Plans to publish a brochure summarizing Montefiore's community service activities are under discussion.

The previous community service plans have included the pertinent financial information demonstrating Montefiore's current and future commitment to public health programs and financial assistance.

Going forward, we will continue to disseminate this information to the public, using the existing approaches. This information will include a description of the new approach to Community Health at Montefiore and the focus on the Prevention Agenda in the Community Service Plan, including a description of Montefiore's public health programs, including both the Prevention Agenda priority programs and non-Prevention Agenda programs.

IX. Financial Statement

The financial data is reported to the Department through the Institutional Cost Report (ICR).

Montefiore's Community Health Services

MMC's programs of community health services are among the nation's most extensive:

Providing primary Care to Underserved Populations

- o Montefiore's network of primary care centers in the Bronx - including four (4) Federally-Qualified Health Centers (FQHC's) - provides access to high-quality primary health care services and a variety of practice-based and community outreach programs to some of the nation's poorest and most under-served communities.
- o Montefiore operates one of the nation's largest programs of school-based primary care, serving over 27,000 students at 16 elementary, middle and high schools in the Bronx, providing over 70,000 health, mental health and dental visits in the latest school year. This model program – which is supported by a combination of Medicaid fee-for-service billings, grants and medical center subsidies - is able to provide services to all students in these schools, including the roughly half the students without insurance.
- o Montefiore provides needed health care services to homeless children and families in various locations in the Bronx and throughout New York City, through two programs, one using a fleet of mobile medical units, and a second using teams of professionals providing services within homeless shelters and assessment centers, and community-based service sites, including faith-based soup kitchens and multi-service centers.

Services to Vulnerable and At-risk Populations

- o Montefiore and the Department of Pediatrics provide comprehensive care and a range of innovative programs for high-risk children in the Bronx, including:
 - o A highly regarded prevention, counseling and treatment program for abused children and their families, based in the Child Advocacy Center.
 - o A nationally recognized lead poisoning prevention, screening and treatment program serving populations at highest risk for lead poisoning. Its Safe House is a model housing program to shelter families of children with high lead levels while their dwellings are made lead free.
 - o An innovative, multi-level program of care for children with and at-risk for obesity and diabetes, including initiatives in the school-based health centers, in the community-based primary care sites, and at the CHAM.
 - o Health professions education programs for high school students are conducted in collaboration with area high schools.
- o The medical center operates one of the nation's largest and most comprehensive programs for the diagnosis, care and ongoing management of populations with and at-risk for HIV infection, including:
 - o A hospital-based, state-designated comprehensive AIDS Center (poised to celebrate its 25th year of operation in 2008) that serves 2,500 individuals with HIV/AIDS with a broad program of ambulatory and inpatient care.
 - o A community-based program that serves another 1,500 persons with HIV/AIDS, operating in the medical center's primary care sites.
 - o Longstanding programs focused on the prevention, early identification and ongoing care and management of children and adolescents with or at risk for HIV infection.

- An innovative program of outreach HIV primary and specialty care services, that are co-located in Montefiore’s Substance Abuse Treatment Program, which serves 5,000 opiate-addicted individuals (one of the state’s largest drug treatment programs, half of whom are HIV-infected) in seven drug treatment centers located throughout the Bronx. This service infrastructure has proved invaluable in mounting effective public health, diagnosis and care programs responding to the two other infectious disease epidemics that have also afflicted the borough: tuberculosis and Hepatitis-C infection.
- An AIDS volunteer program (Project BRAVO) that provides a range of supportive services (transportation, meals, visiting to homebound patients).
- Montefiore provides a wide range of on-site and outreach programs to serve the borough’s **frail and at-risk elderly**, including:
 - A comprehensive, multi-disciplinary Geriatric Ambulatory Practice, including Geriatric medicine and Geriatric Psychiatry, social services, pharmacy and nutritional counseling, with service sites in the east and west Bronx.
 - An Aging and Memory Center that provides assessments, ambulatory care and home visits by Geriatric Psychiatrists.
 - The nation's largest hospital-based homecare program, providing in-home services to inner city seniors living in neighborhoods that are among the country's most disadvantaged.
 - An extensive program to identify, prevent and respond to suspected elder abuse.
 - Physician home-visit programs serving the elderly living in publicly-subsidized housing projects across the Bronx, a program mounted in partnership with the NYC Housing Authority and local community and social service agencies in “naturally-occurring retirement communities”.
 - An innovative federally-funded demonstration program that uses a combination of care and case management, a physician home visiting program, home-based telemonitoring and patient/family support to manage and improve the care and health of seniors identified by CMS as their “High-Cost Beneficiaries”, Medicare beneficiaries with complex medical and psychosocial needs.
 - A new program, mounted in partnership with the Westchester Department of Social Services, to reach out to elderly residents living in subsidized housing projects in southern Westchester County, to mount and operate programs of health education and disease screening and referral, to improve the management of diabetes and cardiovascular diseases in this underserved population.
- The Department of OB-GYN and Women’s Health at Montefiore/Einstein is involved in a range of programs focused on the **health needs of women** in the Bronx and surrounding communities, including:
 - Partnering with NY State, NY City and local providers on the development of a regional perinatal system in the Bronx, which has among the country's highest rates of infant mortality and disability and low birth weight.
 - Provision of outreach primary care services to domestic violence shelters in the Bronx.
 - Operation of the Women’s and Children’s Center, a program that provides medical care, support and family counseling to women and children infected with, and/or affected by AIDS.

And responding to the unique and pressing needs of its community:

- The Montefiore-Einstein **Cancer Center** operates the Community Outreach Program, a research based cancer prevention, education, and support program that provides support and educational services to patients, families, staff, and community members facing the challenges of cancer. The Center also participates in cancer screening, cancer education and awareness, and support programs.
- Montefiore’s **Community Dentistry** program provides dental services to a multitude of under-served and medically compromised patients at on-site dental facilities, one community site, and the Infectious Disease Clinic at Moses. A mobile dental van provides mobile dental services to the underserved at a variety of Montefiore primary care sites across the Bronx.
- Montefiore was recently designated by NY State as one of four **Diabetes Centers of Excellence** in the state. Montefiore has implemented a comprehensive array of programs responding to the “next epidemic” in the Bronx: the extraordinarily high and increasing rates of diabetes and obesity, and of the common cardiovascular complications and co-morbidities. Montefiore is taking a network-wide Quality Improvement approach to organizing and improving the prevention, care and management of this disease cluster, in its primary care and school-based sites, in its specialty services and hospitals.
- Finally, Montefiore has taken a leadership position in neighborhood and community development, creating and supporting the **Mosholu Preservation Corporation (MPC)**. MPC, which celebrated its 25th anniversary in 2006, is a community redevelopment corporation that has successfully rehabilitated housing stock in the depressed neighborhoods in the northwest Bronx and has also been involved in a number of economic development and community development activities.