



Interfaith Medical Center



2016-2018 Community Service Plan

October 2016

2016 Community Service Plan Cover Page and Contact Information

Name of Facility: Interfaith Medical Center

Address: 1545 Atlantic Avenue

City: Brooklyn, NY 11213

County: Kings

Service Area: Central Brooklyn: Bedford-Stuyvesant, Crown Heights, Prospect Heights, and Brownsville

DOH Area Office:

New York City Office – Metropolitan Area Regional Office

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Brooklyn Neighborhood Health Action Center at Bedford

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**2016-2018
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY
and
COMMUNITY SERVICE PLAN**

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Introduction

Interfaith Medical Center (IMC) is a community hospital with strong, historic ties to the community as both a vital Safety-Net provider and anchor institution. IMC is a voluntary community teaching hospital dedicated to providing high quality healthcare services to the residents of Central Brooklyn and surrounding Brooklyn communities. Its mission is to ensure care will be rendered without regard to race, color, creed, gender, disability, sexual orientation, religion, or national origin, with sensitivity to patient's spiritual, cultural, social, language and clinical needs, in a safe, caring and compassionate environment.

This document contains information detailing the 2016-2018 Community Health Needs Assessment (CHNA), federal Implementation Strategy (IS), and New York State Community Service Plan (CSP) for IMC, a full-service non-profit community teaching hospital located in Brooklyn, New York (Kings County). IMC is an independent, free-standing hospital and academic medical center with four graduate medical education residency programs and multiple specialty fellowship programs. With nearly 1,600 employees in more than six locations, it is a vital Safety-Net provider for the Medically Underserved Area of Central Brooklyn.

This report will serve as a single planning document that will guide community health planning efforts and fulfill state and federal health law requirements regarding a CHNA, IS, and CSP for the 2016-2018 cycle. The report will be available on the hospital website at <http://www.interfaithmedical.com>; visitors to the website will be able to access, download, and print a hard copy of the CSP report for free. A paper copy will be available to the public without charge by contacting the Planning and Program Development or Grants Management office.

The IMC Board of Trustees approved this plan on October 26, 2016.

Executive Summary

Interfaith Medical Center (IMC) will partner with community and faith-based organizations, the NYC Department of Health and Mental Hygiene's Brooklyn Neighborhood Health Action Center, and the New York State Department of Health (NYS DOH) for the 2016-2018 community health planning cycle to address the Prevention Agenda Priorities of **Promote Mental Health and Prevent Substance Abuse** as well as **Prevent Chronic Diseases**. The hospital will also collaborate with community partners to address specific health disparities among Black/African-American populations in Central Brooklyn: premature mortality caused by cardiovascular disease, obesity, and mental health issues. Black/African-American New Yorkers die of the same leading causes of death as non-Black/African-American New Yorkers, but they die before age 65 at a rate 45% higher than the general population. IMC will address these disparities through these identified Priorities.

IMC's CHNA process provided valuable quantitative and qualitative data to guide the identification of community health-needs and to update existing priorities. Neighborhood-level quantitative data included the [NYC DOHMH Community Health Profiles](#) in Brooklyn, specifically [Bedford-Stuyvesant](#) and [Crown Heights & Prospect Heights](#). Additional County and ZIP-code level data sources included [NYS Prevention Agenda Dashboard](#) and [NYS Prevention Quality Indicators](#). The NYS AIDS Institute's surveillance data for HIV/AIDS also had an impact on the hospital changing one of its previous two Priorities 1) Promote Mental Health & Prevent Substance Abuse; 2) and Prevent HIV, STDs, Vaccine Preventable Disease, and Healthcare Associated Infections) because the rate of new HIV infection fell to a record low of 2,481 in 2014, which has fallen 42% from nearly 4,300 in 2007, and viral suppression rates are increasing steadily as well. Also, NYC DOHMH shared its Take Care New York (TCNY) 2020

Community Priorities and Related DOHMH Services in Brooklyn qualitative data with IMC as evidence of both IMC's collaboration with local health departments and public health professionals, and the hospital's commitment to meaningfully incorporate the community's voice in health planning activities by including activities in IMC's CSP that address the Top 5 TCNY 2020 Borough Priorities newly identified through TCNY 2020 Community Consultations.

Both the NYC DOHMH and NYS DOH have been active partners, providing IMC valuable support by sharing public health data and assisting in community health planning efforts in each role of Facilitator, Coordinator, and Evaluator during IMC's community health assessment process. NYC DOHMH and NYS DOH invited IMC to participate in their community engagement sessions: TCNY Community Consultations and a Voice Your Vision event, respectively. The city and state health departments facilitated event space, coordinated the shared staff and volunteers from partner institutions, and evaluated the voting and comments received when finalizing results to disseminate to health planning partners and the public. These roles and activities ensured collaborative community health planning efforts for both TCNY and NYS Prevention Agenda initiatives. IMC will continue to partner with city and state health departments during the 2016-2018 implementation process to promote community health programs through activities related to TCNY and the Delivery System Reform Incentive Payment (DSRIP) Program. Community-based partners include organizations like Bedford-Stuyvesant Restoration Corporation (Bed-Stuy Restoration), which facilitated event space for survey distribution, facilitated space for the Voice Your Vision session, and publicized the session via email and flyers during the assessment phase. Bed-Stuy Restoration will be a Facilitator for event space to co-host Mental Health First Aid trainings during the implementation process. Throughout the 2016-2018 cycle and implementation process, NYC

DOHMH, NYS DOH, and the Coalition to Transform Interfaith also will meet regularly to share progress on TCNY and Prevention Agenda activities and goals.

IMC conducted activities to inform its comprehensive CHNA from October 2015 to October 2016. Specifically, surveys were conducted at outreach events, mosques, churches, health fairs, and at partner-sponsored events such as Bed-Stuy Alive. In addition, the hospital shared emails and flyers from the NYC DOHMH publicizing their Take Care New York (TCNY) 2020 Listening Sessions and Community Consultations, and the NYS DOH Voice Your Vision community engagement session to receive community input on health and social issues. IMC was heavily involved with the NYS DOH Voice Your Vision event held at Bedford-Stuyvesant Restoration Corporation on June 21, 2016 and provided administrative and clinical staff support, to serve as scribes alongside Medgar Evers College social work students for focus groups and interviews that captured quotes and stories from community members in attendance. Also, the Coalition to Transform Interfaith (formerly the Coalition to Save Interfaith) work groups have met monthly to provide input on health-related needs of the community and have provided feedback on the selected Priorities. The community voices and input from the Listening Sessions, Voice Your Vision event, and Coalition to Transform Interfaith workgroups directly influenced the selection of NYS Prevention Agenda Priorities.

IMC has selected the following evidence-based interventions (EBI) to implement throughout the 2016-2018 period: Mental Health First Aid; Screening, Assessment and Treatment Services; and Nutrition Standards. The **Mental Health First Aid** public education program has been selected by IMC as the evidence-based intervention to be deployed to address Promote Mental Health & Prevent Substance Abuse Priority Focus Area 1: Promote Mental, Emotional, and Behavioral Well-Being. This intervention was selected based on observed mental

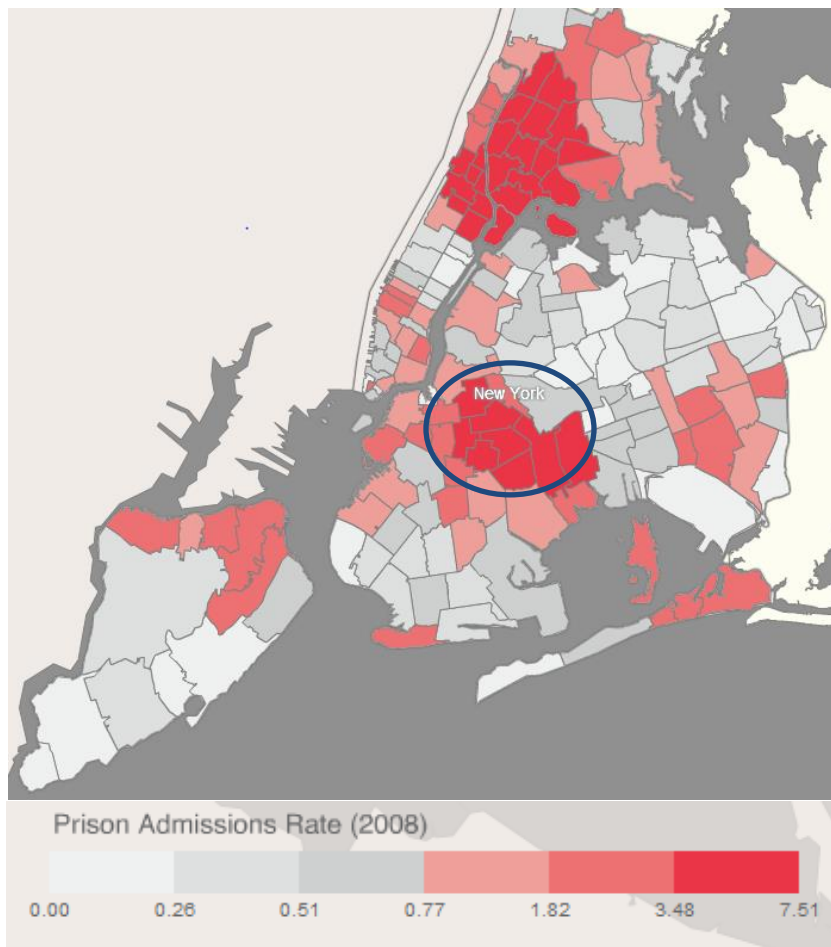
health disparities in Central Brooklyn and multiple key stakeholders at community events requesting mental health interventions directly in the community, with one faith-based representative requesting the intervention by name. The **Screening, Assessment and Treatment Services** recommended intervention for local action has been selected by IMC as the evidence-based intervention to address Promote Mental Health & Prevent Substance Abuse Priority Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders. This intervention will promote the coordination of mental health practitioners with other care providers through the hospital's DSRIP-related programs and activities overseen by its Performing Provider System (PPS) that institutionalize the use of screenings such as the PHQ-9, DAST, and AUDIT through the Patient-Centered Medical Home (PCMH+) Initiative. This intervention was selected based on IMC's developing population health work with its Maimonides-led PPS: Community Care of Brooklyn (CCB). The **Nutrition Standards** recommended intervention for local action has been selected by IMC as the evidence-based intervention to address Prevent Chronic Diseases Priority Focus Area 1: Reduce Obesity in Children and Adults. This intervention will increase the number of institutions with nutrition standards for healthy food and beverage procurement and was selected based on obesity, diabetes, and other nutrition-related illness surveillance data and community feedback (both in workgroups and listening sessions) on access to healthy foods. IMC will adhere to the Recommended Short Term Process Measures to track progress and improvement with the framework provided by NYS DOH in the [Prevention Agenda Action Plan Re-Fresh Chart](#). Impact of selected interventions will be evaluated through regular CSP goal progress reports at monthly meetings for the Coalition to Transform Interfaith and the hospital's monthly Board of Trustees meetings. The process measures for each intervention are found on pages 24 to 26.

Service Area

IMC draws at least 75% of its patients from the Central Brooklyn neighborhoods of Bedford-Stuyvesant, Crown Heights, Prospect Heights, and Brownsville located in Kings County, which include the primary ZIP codes of 11233, 11213, 11216, 11221, and 11212 and secondary ZIP codes of 11238, 11207, 12206, 11208, and 11225. The service areas are also defined as Brooklyn Community Districts 3 and 8. According to the 2015 NYC Community Health Profile for Brooklyn Community District 3, the population totaled 154,332 with 64% of residents identifying as black or African-American and 32% were ages 25 to 44. The 2015 NYC Community Health Profile for Brooklyn Community District 8 reported a population of 97,772 with 64% of residents identifying as black or African-American and 36% were ages 25 to 44.

The hospital provides healthcare to approximately 40,000 unique patients each year, including more than 9,000 inpatient stays, 130,000 outpatient visits, and 36,000 adult & pediatric emergency visits. In 2015, IMC served 175,514 patients (38,924 unduplicated). More than half (51%) of the hospital's patients were female, 36% were ages 18 to 39, 4% were homeless, 80% were African American, 6% were White Hispanic, 4% were Black Hispanic, 4% were white; 65% were covered by Medicaid or a Medicaid HMO, and 5% were uninsured; 13% abused substances, and 21% had mental health issues. Another distinct aspect of the community that IMC serves is the high percentage of individuals who have had incarceration experiences or have been on parole, which exacerbates the observed mental health and substance abuse disparities. According to the [Justice Mapping Center's Justice Atlas of Sentencing and Corrections](#), NYC neighborhoods that are home to 18% of the city's adult population account for more than 50% of prison admission each year. As exhibited in the snapshot of the Justice Atlas below, the prison

admissions rate (2008) for the entire region of Central Brooklyn and IMC's primary service is disproportionately high:



The parolee rate is also disproportionately high for Central Brooklyn. This demographic profile reflects Central Brooklyn as a whole, which is a designated Medically Underserved Area and Health Professional Shortage Area for Dental Health, Mental Health, and Primary Care.

Data Sources

In 2015, IMC designed its CHNA process based on guidance from federal (The Centers for Disease Control and Prevention (CDC)) and state (NYS DOH) resources, respectively: the

Prevention and Best Practices for Community Health Needs Assessment and Implementation Strategy Development: “A Review of Scientific Methods, Current Practices, and Future Potential – Report of Proceedings from a Public Forum and Interviews of Experts,” and “Guidance for Conducting Community Needs Assessment.”^{1, 2} The CHNA included a community-based survey (capturing qualitative and quantitative data points), focus groups, and key/community opinion leaders. The planning materials from NYS DOH, the Greater New York Hospital Association (GNYHA), and NYC DOHMH’s Take Care New York (TCNY) 2020 Listening Sessions and Community Consultation efforts were significant sources for information.

IMC leadership, along with its Planning and Program Development and Grants Management departments led the process of developing the hospital’s CHNA to guide strategic planning, grant applications, and community health planning efforts through a survey that would inform the development of a single planning document that would fulfill state and federal health law requirements regarding a CHNA, Implementation Strategy, and Community Service Plan (CSP). IMC conducted its comprehensive CHNA from October 2015 to October 2016 to engage IMC patients, as well as medically underserved residents living in the hospital’s service area in the process of identifying community health needs.

Surveys were made widely available and collected from a myriad of venues: the main campus of the hospital, its outpatient clinics, health fairs, community-based organizations’ events, churches, mosques, and online through an electronic version of the paper survey hosted on Survey Monkey.

¹ Public Health Institute, February 2012, published by CDC & PHI (Kevin Barnett, DrPH, MCP) online at <http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf>

² New York State Department of Health, June 6, 2014, published by NYS DOH at: http://www.health.ny.gov/health_care/medicaid/redesign/docs/community_needs_assessment_guidance.pdf

Demographics of the survey respondents were as follows: 82% self-identified as Black/African American, 66% were between the ages of 40-65, 60% were female, 66% were insured by Medicare/Medicaid, 12% were uninsured, and 34% earned less than \$20,000 annually.

The surveys asked respondents to identify the top five (5) most important health issues, unhealthy behaviors, and social issues affecting health and well-being in their Central Brooklyn community. Responses were scored using a Modified Borda Count: points are awarded for each response based on ranking. (First rank awards 5 points, second rank 4 points, and so on; the unranked responses award zero points.) By accounting for both the number of responses and their rankings, this methodology avoids inflating the rank of a niche issue chosen by a few participants.

IMC set a goal of 300 surveys to parallel the threshold for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. Three hundred and fifteen (315) surveys were completed. The total scores of the 315 completed surveys were then used to determine the top five responses for each ranking question:

| Rank | Health Issue | Unhealthy Behavior | Social Issue |
|-------------|----------------------|---------------------------|--------------------------------------|
| 1. | Cancer | Angry Behavior/Violence | Access to Health Services |
| 2. | Diabetes | Alcohol Abuse | Affordable Clean Housing |
| 3. | Aging Issues | Drug Abuse | Job Opportunities |
| 4. | HIV/AIDS | Child Abuse | Poverty & Social Inequality |
| 5. | Mental Health Issues | Domestic Violence | Availability of Healthy Food Choices |

Because of the sample size and the attendant information gaps that would limit IMC's ability to assess community health needs fully, these community health issue rankings were then compared

with morbidity and mortality rates as a baseline to measure differences between community-perceived priorities and available public health data. To compare data from similar years, IMC conducted an analysis of health disparities in Central Brooklyn using the 2013 vital statistics reports from NYC and NYS and produced the *Health Disparities in Brooklyn 2013: Leading Causes of Death* chart below, which contains data from most recent set of Community Health Profiles released in late 2015 based in part on the NYC DOHMH Community Health Survey (CHS) and U.S. Census/American Community Survey (ACS) with data from that same time period. As indicated in the table below, residents of IMC's core service area die disproportionately from diabetes, HIV, and stroke compared to the rest of Brooklyn, NYC, and New York State. When comparing the community's responses, its resulting rankings and its collective perceptions of health and social issues with available public health surveillance data like the NYC DOHMH Community Health Profiles a significant disconnect was observed: Heart Disease, while being the leading cause of death for all defined communities, was not ranked as a top five health issue by the respondents to IMC's CHNA.

| Rank | Bedford-Stuyvesant | Crown Heights & Prospect Heights | Brooklyn | New York City | New York State |
|------|--------------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|
| 1. | Heart Disease | Heart Disease | Heart Disease | Heart Disease | Heart Disease |
| 2. | Cancer | Cancer | Cancer | Cancer | Cancer |
| 3. | Diabetes | Diabetes | Flu/Pneumonia | Flu/Pneumonia | Chronic Lower Respiratory Disease |
| 4. | Flu/Pneumonia | Flu/Pneumonia | Accidents (Total) | Diabetes | Cerebrovascular Disease |
| 5. | HIV | Stroke | Diabetes | Chronic Lower Respiratory Disease | Accidents (Total) |

To provide additional data and context for IMC’s community survey responses and prioritize the health needs of the community, the hospital collaborated with the NYC DOHMH to receive information resulting from Community Consultation events NYC DOHMH held between October 2015 and March 2016 where participants were asked to rank the indicators outlined in TCNY 2020 according to order of importance for the local community. The results were ranked by using a simple point system in which each ranking is assigned a point value from 1-23, with the indicator ranked 1 receiving 23 points and the indicator ranked 23 receiving 1 point. The indicators that received the most collective points were identified as the top priorities for the participants at each event. The tables below contain the findings from the Brooklyn Community Consultation, which includes prioritization results for relevant neighborhoods in IMC’s service area and combined data of the top five (5) health indicators from all Brooklyn consultations and the online survey completed by the borough’s residents:

Brooklyn Community District 3 and 8 Community Consultation & Prioritization Results

| Community | Prioritization Results |
|--|--|
| Bedford-Stuyvesant (Community District 3), including Bedford-Stuyvesant, Stuyvesant Heights and Tompkins Park North | 1. Unmet Mental Health Need |
| | 2. Controlled High Blood Pressure |
| | 3. Unmet Medical Need |
| | 4. Violence |
| | 5. High School Graduation |
| Crown Heights and Prospect Heights (Community District 8), including Crown Heights, Prospect Heights, and Weeksville | 1. Violence |
| | 2. Smoking |
| | 3. Air Quality |
| | 4. Controlled High Blood Pressure |
| | 5. Physical Activity |

Brooklyn Borough Priorities and Crosswalk with DSRIP Projects

| Indicator | Description | City-wide TCNY 2020 Baseline and Goal | Potential DSRIP Project Alignment |
|---------------------------------|---|---|---|
| Obesity | Percentage of adults who are obese | Baseline – 25% Goal – 23% (7% decrease) | 3.b.i -Cardiovascular Health: Million Hearts Campaign 3.c.ii. – Evidence-based strategies in community for chronic disease |
| Unmet Mental Health Need | Percentage of adults with serious psychological distress who did not get needed mental health treatment | Baseline – 22% Goal – 20% (9% decrease) | 3.a.i - Integration of primary care and behavioral health 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems |
| Physical Activity | Percentage of public high school students who met physical activity recommendations | Baseline – 19% Goal – 22% (15% increase) | 3.b.i - Cardiovascular Health 3.c.ii. –Evidence-based strategies in community (for chronic disease) |
| Unmet Medical Need | Percentage of adults who did not get needed medical care | Baseline – 10% Goal – 9% (9% decrease) | None, however DSRIP promotes higher quality care and access to additional services. |
| Air Quality | Difference in the level of outdoor air pollution between neighborhoods with highest and lowest level. | Baseline - 6.65 µg/m ³ Goal – 6.1 µg/m ³ | Advocate for clean air policies that support the outcomes of 3.d.ii – Expansion of asthma home-based self-management program |

The Community Consultation prioritization results and Brooklyn-wide top five health indicators were shared with IMC by NYC DOHMH on August 31, 2016 both as evidence of IMC's collaboration with local health departments and public health professionals as well as the hospital's commitment to meaningfully incorporate the community's voice in the hospital's health planning activities by including activities in IMC's CSP that address the Top 5 TCNY 2020 Borough Priorities newly identified through TCNY 2020 Community Consultations. This CSP will address Community District 3 (Bedford-Stuyvesant) and Community District 8 (Crown Heights & Prospect Heights) priorities: Unmet Mental Health Need, Controlled High Blood Pressure, Unmet Medical Need, and Physical Activity; it will also address four of the five Brooklyn Borough Priorities: Obesity, Unmet Mental Health Need, Physical Activity, and Unmet Medical Need. Other neighborhood-level data that informed the identification and prioritization of health issues in the community of Central Brooklyn included the [NYC DOHMH Community Health Profiles](#) in Brooklyn, specifically [Bedford-Stuyvesant](#) and [Crown Heights & Prospect Heights](#). State data sources included the [NYS Prevention Agenda Dashboard](#), [NYS Prevention Quality Indicators](#), and [NYS Community Health Indicator Reports \(CHIRS\)](#) for county and ZIP code level data.

Prevention Agenda Priorities

IMC was in a transitional state during the previous CSP cycle after successfully vacating bankruptcy in June 2014 through its plan of reorganization; as such, some of IMC's NYS Prevention Agenda Priorities, Focus Areas, and Interventions have changed as a result of new information and data from the IMC's CHNA and other public health surveillance reports. IMC's previous two Priorities were Promote Mental Health & Prevent Substance Abuse and Prevent

HIV, STDs, Vaccine Preventable Disease, and Healthcare Associated Infections. The rate of new HIV infection fell to a record low of 2,481 in 2014, which has fallen 42% from nearly 4,300 in 2007, and viral suppression rates are increasing steadily as well. While HIV remains an important public health issue in Central Brooklyn, IMC's robust programs and wraparound services provide significant support to the community through HIV prevention and treatment. As HIV treatment evolves into management of a chronic condition, the hospital will change the second Priority to Prevent Chronic Diseases and include HIV prevention in overall health education and evidence-based care strategies to manage other chronic diseases in both clinical and community settings.

IMC has identified two Health Prevention Agenda Priorities for 2016-2018 based on NYC DOHMH, NYS DOH, and CDC data; surveyed and voiced feedback from community residents through the TCNY Community Consultations and the NYS DOH Voice Your Vision community engagement session; and the quantitative and qualitative analysis of data collected from the hospital's CHNA:

- ☞ Promote Mental Health and Prevent Substance Abuse
- ☞ Prevent Chronic Diseases

While several health issues, unhealthy behaviors, and social determinants of health that merit prioritization and action were identified through the CHNA, the hospital will not address the following issues specifically through its 2016-2018 CSP:

- ☞ Angry Behavioral/Violence: the hospital is unable to single-handedly confront violence directly like law enforcement, but through mental health and substance abuse programs the hospital will address these issues.

- ☞ Child Abuse: it is not the hospital's specialty to address child abuse directly like the Administration for Children's Services, but through mandated reporter requirements for healthcare professionals the hospital will address this issue.
- ☞ Domestic Violence: because of limited hospital resources IMC utilizes NYC and NYS public health resources like Partner Services to assess, aid, and address people in need of services.

The hospital will partner with community and faith-based organizations, the NYC DOHMH especially through its local Brooklyn Neighborhood Health Action Center, and the PPS CCB of which IMC is a member for the 2016-2018 community health planning cycle to work towards decreasing specific health disparities among Black/African-American populations in Central Brooklyn: premature mortality caused by cardiovascular disease, obesity, and mental health issues.

While Black/African-American New Yorkers die of the same leading causes of death as non-Black/African-American New Yorkers, they die before age 65 at a rate 45% higher than the general population. When IMC compared the CHNA top five health issue rankings with city and state morbidity and mortality rates, a significant discrepancy appeared between surveyed community members' perceptions of their overall physical/mental well-being and the observed data in city and state public health surveillance reports. Although the community members surveyed by IMC did not identify Heart Disease in their top five most important health issues, it is the leading cause of death in Bedford-Stuyvesant, Crown Heights & Prospect Heights, Brooklyn, NYC, and NYS. This disconnect may be a result of Central Brooklyn residents struggling with multiple chronic co-morbidities and health-related social needs or a lack of

understanding on how many lifestyle choices can affect one's risk for heart disease, for example unhealthy eating, lack of exercise, and smoking.

IMC has demonstrated its earnest commitment to serving the historic and changing neighborhoods encompassing its service area by its past activities conducted in response to its previous CHNA and CSP cycle and facilitating opportunities for local community-led forums to identify and address community health priorities in this new CHNA and CSP cycle. From 2013-2015, as part of its community benefit activities for the Prevention Agenda Priority of Promote Mental Health & Prevent Substance Abuse: the hospital applied for and was successfully awarded a Substance Abuse and Mental Health Administration (SAMHSA) grant for a Primary and Behavioral Health Care Integration (PBHCI) project over four (4) years at an outpatient clinic to develop co-located services as the Integrated-Center for Mental Health (I-CMH). IMC also conducted behavioral health screenings directly in the community at events and health fairs, and the hospital actively participates in DSRIP projects for behavioral health including the MAX series, implementing PHQ-9 and DAST/AUDIT standardized screenings in its largest ambulatory service center, and preparing to apply for Patient-Centered Medical Home (PCMH) Level 3 Designation before the end of 2016.

From 2013-2015, as part of its community benefit activities for the Prevention Agenda Priority of Prevent HIV, STDs, Vaccine Preventable Disease, and Healthcare Associated Infections: IMC applied for and was successfully awarded another SAMHSA grant for a Targeted Capacity Expansion (TCE) project for three (3) years for Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS at its Designated AIDS Center, the Primary Care Clinic, the hospital also won an operating contract with the NYC DOHMH for a Chlamydia-Gonorrhea Screening Program to provide free screenings and

treatment for women ages 25 and under, and, as reported in the December 11, 2015 Crain's Health Pulse, IMC has been commended for its high score in the CMS Hospital-Acquired Condition Reduction Program: in FY2016, IMC's hospital-acquired condition (HAC) score of 3.25 was higher than 85% of all other Medicare subsection (d) hospitals in the U.S; Interfaith ranked 11th out of 156 NYS Medicare subsection (d) hospitals, 2nd out of 41 NYC Medicare subsection (d) hospitals, and 2nd out of 13 Brooklyn Medicare subsection (d) hospitals participating in the program. These activities have made significant contributions to the overall promotion of mental health and substance abuse as well as prevention of STIs and healthcare associated infections. These hospital programs continue to provide valuable resources and services to the Central Brooklyn community as IMC strives to develop more grant-funded and sustainable projects to address significant health needs and improve community health efforts.

Other hospital resources to address these health disparities include additional funding from The Fund for Public Health New York in collaboration with the NYC DOHMH to develop a Prescribe-a-Bike pilot at the Bishop Orris G. Walker, Jr. Health Care Center to explore prescription of exercise medicine as an intervention to support the physical and mental well-being of its patients. To support this pilot, IMC submitted inquiry to the NYS Health Foundation that will be leveraged to scale up its Prescribe-a-Bike program and community biking efforts to increase access to this program throughout Brooklyn and promote physical activity to prevent obesity and chronic diseases. Also, IMC received a 2017-2018 grant from The New York Community Trust to engage Central Brooklyn residents in efforts to improve their healthcare, primarily through a community-led *Asset-Based Community Health Needs Assessment and Strategy through Participatory Action Research (PAR)* project. This PAR project will supplement IMC's evidence-based interventions with a research model that prioritizes

intergenerational voices and emphasizes working *with* community residents rather than “for” them, with the goal of developing community resident-driven strategies to address the social and environmental factors that they identify that lead to or impede better health outcomes for Central Brooklyn residents. IMC has also successfully applied for membership in the Dartmouth InSHAPE project to participate in the final research cohort of a national research study supporting behavioral health and wellness population health efforts. Best practices gleaned from collaboration with these organizations will be shared with the Central Brooklyn community to ensure IMC’s patients are provided with the best information and evidence-based interventions available.

The hospital had adopted a three-pronged approach to assess and answer the community’s needs: 1) IMC’s Community Advisory Board at the Primary Care Clinic meets every month to engage members of the community so that they may influence change at the clinic level and participate in preparing and distributing health education and promotional materials to the community at large, 2) IMC staff either attend or sit on Community Boards 3 and 8, and 3) the Coalition to Transform Interfaith (formerly the Coalition to Save Interfaith) is incorporated of five (5) work groups comprised of local 1199 and NYSNA labor senior leaders, community residents, consumers, local schools leaders, faith-based organizations, Federally Qualified Health Centers, key stakeholders, and leading public health advocates to develop recommendations and activities for the hospital’s transformation plan and activities. The Coalition has previously identified priorities of cardiovascular health and women’s health for the neighborhoods of Brownsville and East New York through a community-based participatory action research project. The hospital is collaborating with the Coalition, other community partners, and its funder The New York Community Trust to replicate this research project for

Central Brooklyn. Work Group 1 of the Coalition is tasked with the establishment of a community campaign to lift life expectancy figures – they currently rank the worst in the state. The activities of Work Group 1 involve concentrating on community activities, policy reform and innovative clinical practices to reduce the threat of heart and stroke, with a special focus on cardiovascular disease, development of a comprehensive program to address the health needs of Central Brooklyn’s women, and a special focus on excellence in the diagnosis and treatment of behavioral health needs to include adolescents and children.

IMC identified these Prevention Agenda Priorities for Central Brooklyn to determine the hospital’s community health planning efforts in conjunction with the input collected at the NYC DOHMH Listening Session and Community Consultations; the community engagement session of the Northwell Feasibility Study event held at IMC on June 3, 2016; and the Voice Your Vision Community Listening Session co-hosted by the NYS DOH, IMC, and Bedford-Stuyvesant Restoration Corporation (Restoration) on June 21, 2016. The Voice Your Vision session is a community engagement model that includes one-on-one interviews, focus groups organized by subject area, and a collective community debriefing. Focus group moderators were tasked with nominating representative community voices from all interviewees and participants to present during the community public comment period at the end of the session. The community was vocal in its request for more supports for both primary and behavioral health care as residents of a Medically Underserved Area. Several disparities were voiced, including housing, substance abuse, diabetes, and HIV/AIDS. Some stakeholders even requested specific evidence-based interventions directly in the community by name, such as Mental Health First Aid training. Quotes from the community include:

Local mosque leader Maajeida Abdrahman, “We need mental health. We need to be bringing therapy sessions into the mosque. There is an opportunity to develop mental health interventions directly in the community because there is a need.”

Community resident and teacher Damaris Reina, “If you’re not eating well, you’re not feeling well. Interfaith should reach out to the schools and have a system where they begin to educate the way parents feed their children, the way they exercise. We can begin to offer information and opportunities for exercise.”

The comments and health concerns identified at these community engagement sessions were instrumental qualitative factors in hospital leadership finalizing these priorities, focus areas, and evidence-based interventions as part of its community health planning efforts.

As a safety-net provider, IMC is committed to develop services and initiatives with and for communities struggling with disproportionate health disparities and link these vulnerable populations with tailored programs informed by evidence-based interventions and best practices to address specific health risks and co-morbidities, which will result in improved overall community health outcomes. This goal is aligned with NYC, state, and federal public health initiatives like NYC DOHMH TCNY 2020 calling for collaborating with communities and making neighborhoods healthier; NYS DOH’s Prevention Agenda 2013-2018 New York State’s Health Improvement Plan that requires hospitals to identify two prevention agenda priorities with defined indicators to measure progress toward achieving the goal of making New York the healthiest state in the nation by improving the health and quality of life for all New Yorkers with a focus on reducing health disparities among racial, ethnic, and socioeconomic groups, and persons with disabilities; and the U.S. Department of Health and Human Services’ Healthy People 2020 focused on health promotion and disease prevention.

CSP Partners, Roles, Goals and Objectives

Priority: Promote Mental Health and Prevent Substance Abuse

Focus Area 1: Promote Mental, Emotional, and Behavioral Well-Being

| Goal | Outcome Objectives | Interventions/ Strategies/ Activities | Process Measures | Partner Role | Partner Resources | By When | Will action address disparity |
|---|---|---|---|--|--|--------------|---|
| Promote mental, emotional, and behavioral well-being in communities | Reduce the percentage of adults with serious psychological distress who did not get needed mental health treatment (TCNY 2020 Target & Percent Change from Baseline: 20% (9% decrease)) | Mental Health First Aid evidence-based public education program | <p>Number and type of non-mental health professionals and frontline staff (e.g. Patient Business Associates) trained in Mental Health First Aid</p> <p>Number of youth and adults trained in Mental Health First Aid through schools and churches</p> <p>Number and type of key community locations that host Mental Health First Aid trainings</p> <p>Qualitative pre/post-survey at trainings</p> | <p>Facilitators: Bedford-Stuyvesant Restoration Corporation, Judah International Christian Center, and Masjid At-Taqwa, DOHMH,</p> <p>Evaluator: NYS DOH IMC</p> <p>Coordinator: IMC</p> | <p>Sharing event space to hold Mental Health First Aid training sessions</p> <p>Online survey to track progress toward Prevention Agenda priority activities</p> <p>Identifying community representatives to receive training and/or become trainers</p> | October 2017 | This intervention will provide more community mental health supports for Central Brooklyn, which is a Mental Health Health Professional Shortage Area |

Priority: Promote Mental Health and Prevent Substance Abuse**Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders**

| Goal | Outcome Objectives | Interventions/ Strategies/ Activities | Process Measures | Partner Role | Partner Resources | By When | Will action address disparity |
|---|---|---|---|---|--|--|---|
| Identify and implement evidence-based practices and environmental strategies to prevent underage drinking, substance abuse and other MEB disorders. | Reduce the percentage of unintentional or accidental overdose deaths involving any drug (TCNY 2020 Target & Percent Change from Baseline: 11 per 100,000 (5% decrease)) | Promote coordination of mental health practitioners with other care providers through DSRIP Program and Performing Provider Systems | <p>Percentage of hospital staff trained in trauma-informed approaches</p> <p>Percentage of employees trained in trauma-informed approach</p> <p>Prevalence of adverse childhood experiences (ACEs) among adults and/or youth in the community</p> <p>Percentage of adults and youth who report poor mental health</p> | <p>Facilitators: Maimonides-led PPS Community Care of Brooklyn, NYC DOHMH, BK Action Center, and NYS DOH</p> <p>Evaluator/ Coordinator: Maimonides-led PPS Community Care of Brooklyn</p> | <p>Sharing DSRIP population-wide project information, best practices, training, and technical assistance</p> <p>Maintaining dashboard of performance indicators for DSRIP mental health and primary care integration efforts</p> | Ongoing throughout 5-year DSRIP Period | This intervention will reinforce mental health supports in clinical settings and promote an integrated delivery system for Central Brooklyn, which is a Mental Health Health Professional Shortage Area |

Priority: Prevent Chronic Diseases**Focus Area 1: Reduce Obesity in Children and Adults**

| Goal | Outcome Objectives | Interventions/ Strategies/ Activities | Process Measures | Partner Role | Partner Resources | By When | Will action address disparity |
|---|---|--|---|---|---|--|--|
| Create community environments that promote and suppose health food and beverage choices and physical activity | <p>Reduce the percentage of adults who are obese (TCNY 2020 Target & Percent Change from Baseline: 23% (7% decrease))</p> <p>Decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day (TCNY 2020 Target & Percent Change from Baseline: 19% (16% decrease))</p> | Increase the number of institutions with nutrition standards for healthy food and beverage procurement | <p>Number of hospital policies that implement nutrition standards (employee cafeteria, patient meals, vending machines) and sustainable food procurement to improve health food and beverage options</p> <p>Number of individuals potentially accessing settings that have adopted policies to implement nutrition standards for health food and beverage procurement</p> | <p>Facilitator: Bedford-Stuyvesant Restoration Corporation</p> <p>Evaluator/ Coordinator: IMC</p> | <p>Providing meeting space and sustainable food/beverage procurement resources from Corbin Hill Food Project through Partnership for a Healthier Brooklyn</p> <p>Providing staff to develop policies with nutrition standards</p> | Policies created by May 2017 to prepare for summer | This action will address equity targets for priority populations in very high-poverty neighborhoods and Black/African-American communities |

Appendix

I. List of Organizations Providing Input into CHNA and CSP Process

The following lists of individuals are included to satisfy the IRS law Section 501(r) CHNA reporting requirements and indicate government departments or agencies; name, title, affiliations, and qualifications of any individual who has special knowledge or expertise in public health; and speakers whose comments are intended to represent the underserved, low income, minority, and chronically ill populations through their participation at community engagement sessions held in the summer of 2016

List of Attendees at Northwell Feasibility Study Community Engagement Event June 3, 2016

| Title | First Name | Last Name | Affiliation/Organization |
|-------------------|------------|--------------|--------------------------------------|
| Dr. | Niraj | Acharya | VP Population Health |
| Borough President | Eric | Adams | Brooklyn Borough President's Office |
| Dr. | Mark | Adler | Program Director |
| Dr. | Evaristo | Akerele | Chairman Psychiatry |
| | Antonio | Alas | Manager Biomed |
| Dr. | Prissana | Alston | SVP and Chief Nursing Officer |
| | Carmen | Alston-Davis | Health Information Management |
| | Elise | Altema | Nurse Practitioner |
| Rev. | Cheryl | Anthony | Judah International Christian Center |

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|-----------------------|-----------|---------------|---|
| | Lynne | Antonio-Lonie | Director of Pharmacy |
| | Maxine | Arthur | Health Information Management |
| CEO | Dee | Bailey | Watchful Eye HIV/Aids Outreach |
| Dr. | Aam | Baqui | Chairman Lab |
| Director | Dawn | Baskerville | Borough President's Office, One Brooklyn Fund, Inc. |
| | Sharon | Bedford | NYSNA |
| | Devon | Bennett | Director of Acute Services |
| | Samantha | Benton | Consumer |
| | Aaliyah | Bienvenue | Admitting |
| | Miren | Blackwood | Sickle Cell Program |
| Dr. (Asst. Principal) | Kevin | Bond | Stephen Decatur Middle School 35 |
| | Charles | Bové | Chief Operating Officer |
| | Shelia | Britt | Manager Telecommunication |
| | Ruth | Browne | Board Member |
| Dist. Manager | Ron | Budiman | Infection Control |
| | Henry | Butler | Community Board 3 |
| Admin. Dir. | Karen | Campbell | Administrator, Primary Care |
| | Donnette | Carroll | President, Sickle Cell Thalassemia Patient Network |
| Dr. | Pradeep | Chandra | Chief Medical Officer |
| Principal | Jacquelyn | Charles | Stephen Decatur Middle School 35 |
| | Karen | Cherry | Community resident/Activist |
| | Salina | Coleman | Community resident |
| | Vanessa | Constance | Finance |
| Council-member | Robert | Cornegy | District 36 |
| | Dan | Coronel | AVP Nursing |

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| Council-member | Laurie | Cumbo | District 35 |
| Exec. Dir. | Cynthia | Cummings | Community Parents and Medgar Evers Head Start |
| Rev. Dr. | Herbert | Daughtry | House of the Lord Pentecostal Church |
| | Helen | Deane | Payroll |
| | Steve | Deluca | Chief Risk Officer |
| | Kathleen | Durity | Patient Accounts |
| | Jay | Dyer | Director of Materials Management |
| Dr. | Torian | Easterling | Assistant Commissioner DOH and Mental Hygiene |
| President | Stephanie | Faulkner | Bed Stuy Alive |
| CEO | Patricia | Fernandez | Bedford Stuyvesant Family Health Center |
| Dr. (Exec. Dir.) | John | Flateau | US Census Information Center School of Business Medgar Evers College |
| | Dorothy | Fyfe | Strategic Planning Sunny Downstate |
| Dist. Manager | Michelle | George | Community Board 8 |
| | John | Goodwin | VP Operations |
| | Adama | Goulbourne | Community resident |
| | Roger | Green | Coalition To Transform Interfaith |
| | Julianna | Gregory | Psychiatry 9 East |
| | Michelle | Grimes | Executive Director Quincy Senior Residence |
| Dr. | Jacques | Guillaume | Chair GYN |
| | Inspector | Henderson | 81st Precinct |
| Inspector | Scott | Henderson | 81st Precinct |
| | Marna | Hinds | Finance |
| | Tony | Howell | 1199 |

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| | Michael | Irwin | Board Member |
| | Mohammed | Islam | Director Resources Management Systems |
| Public Advocate | Letitia | James | NYC Public Advocate |
| | Mirlene | Janvier | Health Information Management |
| | Eddy | Jean | Coordinator Cardiology |
| | Barbara | Jules-James | Health Information Management |
| Dr. | Cynthia | Ko | Director Detox Rehab |
| Dr. | Narendra | Kumthekar | Director of Surgery |
| Dr. | Charles | Lawrence | Chair of Emergency Department |
| | Keal | Lawrence | Nursing |
| | William | Lawyer | Administrator, Atlantic Men's Shelter |
| Senator | Joseph | Lentol | District 50, New York State Assembly |
| | Sarah | Lewis | GNYHA |
| | Gwendolyn | Lewis | VP, Clinical Services, Ambulatory Services |
| | Daphney | Lewis | Emergency Department |
| | Michael | Louisor | Director Labor Relations |
| | Earnest | Lully | Director Central Supplies |
| CEO | Jelani | Masharki | Pamoja Men's Shelter |
| | Irhassette | McClellan | Health Information Management |
| CEO | Wendy | McClinton | Black Veterans for Social Justice |
| | Josh | McDonald | Director Security |
| | Denise | McLellan | VP Human Resources |
| | Kwasi | Mensah | Community Board 8 |
| | David | Miller, Jr. | Director of Emergency Preparedness |

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| | Barbra | Minch | Board Member |
| | Alicia | Mitchell | Health Information Management |
| Senator | Velmanette | Montgomery | 25th Senate District |
| Assemblyman | Walter T. | Mosely | District 57, New York State Assembly |
| | Angela | Murdock-Ridley | VP Finance |
| | Michael | Nairne | Board Member |
| | Christianah | Ogunlesi | Chief Outpatient Services |
| | Ida | Oquenda | Finance |
| | Rachelle | Parsons | Director Clinical Systems |
| | Sharonnie | Perry | Community Relations Liaison |
| | Jacquie | Phillips-Spencer | Director Nursing Education |
| | Kathleen | Pierre-Louis | Nurse Manager |
| | Canon Diane | Porter | IM Foundation |
| Dr. | Gerald | Posner | Associate Chairperson G1 |
| | Donna | Pritchard | Director Perioperative Services |
| Dr. | Roland | Purcell | President PC |
| | Stacey | Pyrame | Director Engineering |
| Dr. | Gaddam | Reddy | Chairman, Pediatrics |
| | Maurice | Reid | Coalition To Transform Interfaith |
| | Bruce | Richards | 1199 |
| Assemblywoman | Diana C. | Richardson | District 43, New York State Assembly |
| | Star | Rivera | Director Patient Relations |
| | Frank | Rivera | Director of Risk Management |
| | Pam | Roberts | Director patient Accounts |
| | Geraldine | Robertson | Nurse Manager |

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|---------------|-----------|-------------|---|
| Assemblywoman | Annette | Robinson | District 56, New York State Assembly |
| | Joey | Roman | Consumer |
| | Fred | Sanders | Board Member |
| | Roylda | Scott | Health Information Management |
| | Ali | Shatazz | Consumer |
| Dr. | Devendra | Shrivastava | Interim Chair of Medicine |
| | Lisa | Smith | Patient Accounts |
| | Wayne | Smith | Finance |
| | Denys | Solovyov | Health Information Management |
| | Marjorie | St. Felix | Director of Medical Affairs |
| | Daphnée | Surpris | Board Member |
| Dr. | Sajitha | Sutton | Administrative Director Psychiatry |
| | Reginald | Swiney | Community Minority Business |
| | Cheryl | ThomBumpas | Health Information Management |
| | Gina | Thompson | AVP Planning & Program Development |
| | Francesca | Tinti | SVP Human Resources |
| | Fabiola | Tony | Director of Nursing, ED |
| Dr. | Leon | Valbrun | Chief Inpatient Psychiatry |
| | Jose | Velez | Director Environmental Services/Patient Transport |
| | Shatara | Waddler | Director Clinical Manager |
| | Saddler | Walker | Psychiatry 9 East RN |
| Assemblywoman | Latrice | Walker | District 55, New York State Assembly |
| Rev. Dr. | Robert | Waterman | Chairman Board of Trustees |
| | Yvonne | Webbe | Director Food Services |
| | Wendy | Weekes | Admitting |

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| | Renee | Wheeler | Community resident |
| | Loyatta | Wilson | Emergency Department |
| | Tom | Wirth | AVP Ambulatory Care |
| | Martha | Works | President, 81st Precinct Council |
| | Judy | Wressler | Coalition To Transform Interfaith |
| | Tremaine | Wright | Community Board 3 |
| | Debra | Yancy | Finance |
| | Katarzyna | Ziolkowska | Administrator, Dental Program |
| | TBD | | Coalition To Transform Interfaith |
| | TBD | | CIRR |

List of Speakers at Northwell Feasibility Study Community Engagement Event June 3, 2016

| Title | First Name | Last Name | IMC Affiliation/Name of External Organization |
|------------------|------------|------------|--|
| Dr. | Evaristo | Akerele | Chairman Psychiatry |
| Dr. | Prissana | Alston | SVP and Chief Nursing Officer |
| | Elise | Altema | Nurse Practitioner |
| Rev. | Cheryl | Anthony | Judah International Christian Center |
| CEO | Dee | Bailey | Watchful Eye HIV/Aids Outreach |
| | Sharon | Bedford | NYSNA |
| | Samantha | Benton | Consumer |
| Admin. Dir. | Karen | Campbell | Administrator, Primary Care |
| | Donnette | Carroll | President, Sickle Cell Thalassemia Patient Network |
| | Karen | Cherry | Community resident/Activist |
| | Salina | Coleman | Community resident |
| Council-member | Robert | Cornegy | District 36 |
| Council-member | Laurie | Cumbo | District 35 |
| Exec. Dir. | Cynthia | Cummings | Community Parents and Medgar Evers Head Start |
| Rev. Dr. | Herbert | Daughtry | House of the Lord Pentecostal Church |
| Dr. | Torian | Easterling | Assistant Commissioner NYC DOHMH; Director, Brooklyn Neighborhood Health Action Center |
| CEO | Patricia | Fernandez | Bedford Stuyvesant Family Health Center |
| | | | |
| Dr. (Exec. Dir.) | John | Flateau | US Census Information Center School of Business Medgar Evers College |
| | Adama | Goulbourne | Community resident |
| | Roger | Green | Coalition To Transform Interfaith |

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|-----------------|-----------|----------|--|
| | Michelle | Grimes | Executive Director Quincy Senior Residence |
| | Tony | Howell | 1199 SEIU |
| Public Advocate | Letitia | James | NYC Public Advocate |
| Dr. | Charles | Lawrence | Chair of Emergency Department |
| | William | Lawyer | Administrator, Atlantic Men's Shelter |
| Senator | Joseph | Lentol | District 50, New York State Assembly |
| | Gwendolyn | Lewis | VP, Clinical Services, Ambulatory Services |