



# **Comprehensive Needs Assessment**

In 2016, NewYork-Presbyterian Hospital (NYPH) conducted a comprehensive community health needs assessment based on quantitative and qualitative data, and input from community representatives, including the New York City Department of Mental Health & Hygiene (DOHMH).

This assessment indicated that chronic diseases, mental health, and HIV were important priorities in the NYPH service areas. Community members and focus group participants reinforced these priorities and identified cancer, cardiovascular disease, asthma, depression, diabetes, and obesity, as major concerns. Tobacco use was cited as a major contributor to all of the chronic diseases identified in NYPH's service area and was targeted in the 2016 Plan with a multimodal evidence-based set of tobacco cessation interventions. In addition, our analysis demonstrated disparities in the incidence, prevalence and treatment of HIV in the NYPH service areas.

Based on these findings, the NYPH 2016 CSP Plan laid out a plan for action, aligned with the NYS Prevention Agenda Priorities, to address the following: prevention of chronic diseases by increasing access to tobacco cessation resources; promoting mental health and prevention of substance abuse; and prevention of HIV, STDs, and vaccine preventable diseases.

#### 2017 Year 1 Update Summary

Since the 2016 Comprehensive Needs Assessment, NYPH has undertaken several key initiatives to improve the health needs of the communities we serve. A list of initiatives is included as Appendix A with a summary included below.

# Prevention of Chronic Disease – Tobacco Use

NYPH is on track with efforts to reduce illness, disability and death related to tobacco use and second hand smoke exposure. Patient educational materials related to smoking cessation have been identified or created, and distributed to patients through NYPH clinical sites and community-based events. Efforts are underway to increase linkages with local healthcare providers who can improve access to cessation programs. Finally, online training modules have been made available for healthcare providers with supplemental face-to-face sessions to improve cessation education. There have been challenges limiting the implementation of electronic referrals to the NYS Quitline but this continues to be a focus area.

# Promoting Mental Health and Prevention of Substance Use

NYPH is working to strengthen the mental, emotional and behavioral health (MEB) infrastructure. Our plan is on track with a Speakers' Bureau of NYPH clinicians providing education on mental health topics in community settings and a successful Mental Health Clergy Summit to promote awareness of the challenges of mental illness in our communities. The Summit was attended by New York City's First Lady Chirlane McCray, Congressman Adriano Espaillat and Assemblywoman Carmen De La Rosa as well as over 100 clergy from the NYC area. Additionally, the Westchester campus has sponsored an Addictions Recovery Fair, Mental Health Fair, and a Community Lecture Series to provide information on a variety of mental health topics. NYPH continues to work on expanding availability of clinical assessments of MEB through the introduction of tele-psychiatry across its campuses.

# Prevention of HIV, STDs, and Vaccine Preventable Diseases

NYPH is on schedule with several key interventions to increase the number of individuals who receive two sequential anti-retroviral medication scripts and attend two office visits within the previous 12 months. These interventions are focused on increasing access to HIV care, engagement in Hepatitis care, and STD

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screening and treatment. Other interventions underway include the promotion of pre-exposure prophylaxis, or PrEP, an HIV prevention strategy in which HIV-negative individuals take anti-HIV medications to reduce their risk of infection. NYPH is focusing the promotion of PrEP in ambulatory centers; through community collaborators for at-risk individuals, ED navigation, and expanded testing at multiple community-based settings. NYPH continues to deploy multimodal interventions to impact this important health concern for the community we serve.

#### **Next Steps**

NYPH will continue to support and monitor progress made on the Community Service Plan and its aim of addressing the community needs identified in the 2016 Comprehensive Needs Assessment. The DOH updated the methodology for submitting the update recently. The progress update is now comprised of two parts: updating the Prevention Agenda Work Plan table (included as Appendix A), and a brief online survey to gather feedback on any changes to priorities or other challenges identified. NYPH submitted these updates to the DOH via Health Commerce System on December 28, 2017.

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Appendix A: 2017 Year 1 Detailed Update on the Community Service Plan

Goal	Outcome Objectives	Interventions/Strategies & Activities	Status
Promote tobacco use cessation, especially among low SES populations and those with poor mental health	* Increase access to smoking cessation resources * Increase capacity to address and treat tobacco use amongst community residents * Foster interdisciplinary approach to treating tobacco use	1. Identify patient materials; educate providers about resources and disseminate to patients 2. Create linkages with local healthcare providers to increase access 3. Promote policy change by participating in the Manhattan Smoke-Free Partnership 4. Disseminate smoking cessation information in Lower Manhattan, Upper Manhattan, and among low-income families on the Upper East Side 5. Online training modules for providers in the ACN and tracking its utilization. NYP PPS sponsored a 5-day Certified Tobacco Treatment Specialist workshop in June 2017 that was attended by 30 interdisciplinary clinicians and programmatic staff from agencies within and outside of the NYP PPS 6. Implement electronic referral to NYS Quitline	1. In-Progress 2. Complete 3.In-Progress 4. In-Progress 5.Complete 6. In-Progress
Goal	Outcome Objectives	Interventions/Strategies & Activities	Status
* Promote mental, emotional and behavioral well-being in communities * Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery * Strengthen infrastructure for mental, emotional behavioral health promotion, and mental, emotional behavioral disorder prevention	* Provide community access to mental health programs * Provide information on mental health issues and tools to cope with them * Train community members to better identify the early signs of depression and other mental illnesses * Provide onsite assessment of mental health issues when no psychiatrist is present	1. Westchester Campus will sponsor the Addictions Recovery Fair and Mental Health Fair to familiarize community residents with available resources in Westchester  2. Westchester Campus will sponsor a Community Lecture Series: 8 lectures per year providing information on a variety of mental health topics such as depression, autism, addictions, etc., and tools to address them  3. Speakers' Bureau: Clinicians provide professional development, talks at houses of worship, etc., on mental health topics  4. Community Newsletter to provide information on mental health issues and tools to cope with them.  5. Provide Free Mental Health First Aid (MHFA) and Youth MHFA courses  6. Held a Summit of local Clergy to promote awareness of the challenges of mental illness in our communities  7. Increase the availability of clinical assessment for MEB health through the introduction of Tele-psychiatry in the ED	1. In-Progress 2. In-Progress 3. In-Progress 4. In-Progress 6. Complete 7. In-Progress

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Goal	Outcome Objectives	Interventions/Strategies & Activities	Status
* Decrease HIV morbidity * Increase early access to and retention in HIV care * Decrease STD morbidity	* Increase the number of Medicaid beneficiaries who received two sequential antiretroviral medication scripts and/or attended two office visits within the previous 12 months * Increase access to HIV care * Increase access and engagement in Hepatitis C (HCV) care; increase access to STD screening and treatment	1. Increase engagement and access to and retention in care for both undiagnosed and known HIV+ residents in order to increase viral suppression & prevent transmission and avoidable hospitalizations  2. Co-locate primary care, HCV, psychiatry, substance abuse treatment, dental care, GYN care, geriatric services, anal cancer screening and treatment, social work and nutrition services at both the east and west NYP campuses  3. Promote the delivery of services (i.e., PrEP/PEP) at ambulatory centers, community partners to at-risk individuals (e.g., partner services) to keep them HIV-free  4. Address co-factors that impact engagement in care and health outcomes, e.g., homelessness, substance use, history of incarceration, mental health: increase mental health services at NYP, link patients from NYP to programs addressing social determinants  5. ED Navigator to refer patients to available infectious disease physicians at another campus or arrange to have physician on site*  6. Expand HIV testing and preventive services (PEP, PrEP) capacity to accommodate walk-ins and referrals  7. Community partner joint staffing Mobile Medical Unit (MMU) for HIV testing, HIV prevention services, and identification of HIV+ clients lost to care to promote re-engagement. Identify and engage clients not currently in care or at risk for HIV and engage in prevention services  8. Implement multisite testing for STDs; Ready to End AIDS and Cure Hepatitis C (REACH) Community Health Workers (CHWs) to increase capacity for HIV/HCV testing  9. Community partners and care coordinators link HCV patients to care at east and west NYP campuses	1. In-Progress 2. In-Progress 3. In-Progress 4. In-Progress 5. In-Progress 6. In-Progress 7. In-Progress 9. In-Progress