Overview:

Building on the clinical and scientific expertise and capabilities of NYU Hospitals Center and the Family Health Centers at NYU Lutheran, NYUHC’s three-year Community Service Plan takes a family-centered, multi-sector approach to improving health in Manhattan’s Lower East Side and Chinatown and Sunset Park in Brooklyn.

Aligning with New York State Prevention Agenda and New York City public health priorities, the Community Service Plan focuses on Preventing Chronic Diseases by reducing risk factors for obesity and reducing tobacco use, and on Promoting Healthy Women, Infants and Children through parenting, early childhood, and teen pregnancy prevention programs.

Through its Community Service Plan, NYUHC brings to bear a wide range of expertise: in obesity prevention, health literacy, parenting, family and community engagement, smoking cessation, prevention science, and population health. The programs and priorities remain consistent with both NYUHC’s and the former Lutheran Medical Center’s prior years’ Community Service Plans, but under the current Plan, existing programs have been extended and new ones added, and its geographic scope now spans the Lower East Side/Chinatown and Sunset Park. Although these communities are not geographically contiguous, they share important similarities, including the diversity of their populations and pockets of poverty amidst gentrification.

The programs span multiple sectors: community-based early childhood education settings and schools, primary care, housing, and community settings, such as faith-based organizations and social service providers.

Preventing Chronic Disease:

- **Greenlight**, a program to improve health literacy and foster healthful behavior, is being adapted and implemented in partnership with the Charles B. Wang Community Health Center to lower rates of childhood obesity in the Chinese American community and is now being extended to the Family Health Centers Brooklyn-Chinese site in Sunset Park.

- **Healthy Families Program/Programa de Familias Saludables**, an intervention to address obesity for pre-adolescent children using a shared medical appointment model with one-on-
one medical evaluation and group education and activities for the entire family, is being expanded and implemented in four Family Health Centers sites and in school settings.

- **The Health+Housing Project**, a Community Health Worker program to address social, environmental, behavioral, and structural determinants of health, is being implemented initially in two low-income buildings on the Lower East Side in partnership with Henry Street Settlement, the NYU Furman Center for Real Estate and Urban Policy, the New York City Housing Authority, the NYC Department of Housing Preservation and Development, Hester Street Collaborative, the Chinatown YMCA, the Two Bridges Neighborhood Council, and with additional support from the Robin Hood Foundation.

- **Tobacco Free Community**, a community navigator program to facilitate access to smoking cessation treatment and reduce children’s exposure to secondhand smoke, is being adapted and implemented in Chinatown/Lower East Side and in Sunset Park in partnership with Asian Americans for Equality.

- **REACH FAR**, a program designed to prevent cardiovascular disease by increasing access to healthy foods and providing culturally tailored health coaching, is being launched initially in two mosques on the Lower East Side and then will be expanded to two mosques in Sunset Park.

**Promoting Healthy Women, Infants and Children:**

- **ParentCorps**, an evidence-based family-centered early childhood intervention to improve child health, behavior and learning, is being implemented in collaboration with University Settlement Society of New York and with public schools on the Lower East Side and in Brooklyn.

- **Project SAFE**, a peer education program employing an evidence-based youth development approach to prevent teen pregnancy and HIV/AIDS, is being expanded in Sunset Park and other Brooklyn communities.

- **Two Generations**, a new program that seeks to reduce the negative health impact of perinatal depression and adverse childhood events on maternal and child physical and mental health, is being planned in Sunset Park, and a Parent-Child Home Program has been launched in Sunset Park.

Through the Community Health Needs Assessment and partnerships embedded in the Community Service Plan, we aim to create a platform for evidence-based health promotion and disease prevention at the neighborhood level with a focus on issues of high priority to the public’s health.
Programs and Progress: Preventing Chronic Disease

Greenlight:

Taking advantage of the frequency of primary care pediatric visits in the early years of life, during the 2014-2016 Community Service Plan, the Department of Pediatrics at NYUHC, in partnership with the Charles B. Wang Community Health Center (CBWCHC), adapted an evidence-based program that teaches families about healthy eating and activity in order to prevent early childhood obesity in the Chinese American community.

The Greenlight program, which was developed as part of an NIH-funded grant in settings that serve predominantly low-income black and Hispanic families, trains pediatricians how to communicate with families using toolkits that contain culturally-tailored educational materials for people with low literacy. Approximately 90 million Americans—or 45 percent of the population—have basic or below basic literacy skills, and 110 million have basic or below basic quantitative skills. Minority, immigrant families are at increased risk. Low health literacy and numeracy is associated with lower rates of breastfeeding, difficulty understanding food labels and portion sizes, and higher rates of obesity.

Greenlight focuses on improving health literacy and fostering family engagement through three core components:

- Low literacy toolkits to support physician counseling around diet and activity-related behaviors at well-child visits starting at 2 months of age, which include booklets containing age-specific recommendations and ‘tangible tools’ to support evidence-based obesity prevention messages (e.g., portion size snack cups);
- Training of providers in health communication strategies (use of plain language, supplementing counseling with written information, along with teachback and goal setting);
- Waiting room program where health educators promote family engagement in care as they introduce and support Greenlight messages.

The Charles B. Wang Community Health Center

For more than 40 years, the Charles B. Wang Community Health Center has been a leader in providing high quality, affordable, and culturally competent primary care and support services to medically underserved Asian Americans and other disadvantaged populations in the New York metropolitan area. The Pediatric Clinic at the CBWCHC Chinatown site serves close to 8,500 patients, through over 30,000 visits annually to their primary care and subspecialty clinics.
Progress and impact
In adapting the Greenlight program for Chinese American immigrant families, the team strove to go beyond translating language and changing ethnicity in photographs. The cultural adaptation process has been complex, and included outreach to over 160 parents. Three focus groups were conducted with parents (two in Mandarin and one in Cantonese), and two focus groups were conducted with 17 providers/health educators. In addition, providers (physicians, nurses, nutritionists) and health educators have given individual feedback on the materials throughout the translation and adaptation process. The materials – some of which are shown here – reflect the judgment and care of many participants.

As of February 2017, we have rolled out a full set of Greenlight materials at CBWCHC (core and supplemental booklets translated into Traditional and Simplified Chinese), along with ‘tangible’ tools, trained pediatric providers, and enrolled 155 children/caregivers as part of an evaluation cohort.

To date, we have trained 19 health care providers, and since September 2016, distributed 637 core booklets and 739 tangible tools and reached 441 families (82.4% of the unique eligible patients who visited during this time). Of the 847 well child visits during the past six months, over 90% received Greenlight health education by health educator or provider.

Materials have been distributed to the CBWCHC site in Flushing Queens, and we have begun to extend the comprehensive program into the Family Health Centers’ Brooklyn Chinese site in Sunset Park.

Healthy Families Program/Programa de Familias Saludables:

Stemming from the 2013 CHNA, the Family Health Center Department of Community Based Programs convened a design team to develop a pediatric obesity program to address the high rates of obesity among children in Sunset Park, supplementing the care and referrals routinely provided by pediatric primary care providers. An estimated 19% of Sunset Park residents between the ages of 5 and 14 are obese, increasing their risk for diabetes, heart disease, high blood pressure, cancer and asthma. Sunset Park also has a high concentration of children living in poverty and a large Hispanic population (42%), who are particularly vulnerable to obesity.

The program design team – consisting of a medical doctor, nutritionists, community planners, and social workers – used the National Initiative for Children’s Healthcare Quality 2007 child and obesity prevention recommendations as a guideline for the intervention and adopted concepts from evidence-based, multi-component programs and curricula. Community members representing the targeted audience also participated in the design and implementation plans.
In 2015, the Family Health Centers piloted the Healthy Families Program/Programa de Familias Saludables, a 12-session multi-disciplinary program for 10- to 11-year-old obese Hispanic children and their parent(s). Parents are included as participants since evidence shows that programs that engage family members have greater success in stabilizing or reducing children’s BMI. The intervention focuses on this age group because it is the time when children become more independent from their parents and are able to evaluate and alter their dietary habits and attitudes.

The program, which is culturally relevant to the local Hispanic population and conducted in English and Spanish, is designed to:

- Stabilize BMI and BMI z-scores; and
- Improve the following behaviors based on 5-2-1-0, a nationally recognized childhood obesity prevention program:
  - Consumption of fruit and vegetables (5 or more fruits and vegetables per day);
  - Daily screen time (2 hours or less of recreational screen time per day);
  - Physical activity (1 hour or more of daily physical activity); and
  - Sugar-sweetened beverages (0 sugary drinks).

**Progress and impact**

We began recruitment for the program in fall 2014, and a pilot cycle was launched in early 2015. The target program size is 12 children (and one parent or caregiver). Twenty children were recruited for the pilot, nine enrolled and six completed nine or more sessions. Measurements at the end of the 12-week intervention and at the three-month, post-program follow-up indicated stabilization of BMI percentiles. Self-reports indicated behavior change in target areas. Children reported increased intake of fruits (affirmed by parent reports), and, according to parents, children’s exercise regimens also increased. During the second half of 2015, we used process and outcome data as a guide to make further adaptions to the program. Adjustments included extending the age range to include nine-year olds; implementing electronic pediatrician referrals to the program; refining program elements to encourage changes in screen time and beverage consumption; and adding a nutritionist home-visit to reinforce and individualize healthy shopping and cooking practices.
Healthy Families/ Familias Saludables participants (children, parents, and siblings) doing yoga, one of a variety of family-friendly physical activities participants engage in during the program.

Health + Housing Project:

Poor health is often concentrated within the same neighborhoods that face concentrated poverty and other social ills. People living in such neighborhoods have high levels of chronic disease, mental illness, and exposure to environmental risks such as injury and violence. Not surprisingly, they concomitantly have high use of costly health care services, including frequent emergency department visits and hospitalizations.

With the growing gentrification of the Lower East Side and Chinatown, people living in subsidized, low-income apartment buildings – who are more likely to have multiple health risks and needs – are in danger of becoming increasingly isolated. This is of great concern in the community. To address these needs, this year we launched a pilot Community Health Worker (CHW) program in two low-income buildings in partnership with Henry Street Settlement, the NYU Furman Center for Real Estate and Urban Policy, the New York City Housing Authority (NYCHA), the NYC Department of Housing Preservation and Development (HPD), Hester Street Collaborative, the Chinatown YMCA and with support from the Robin Hood Foundation.

Over the past six months, we have laid the foundation to implement the program in school-based health centers and to expand from one site to four sites, with two cycles per year at each site. School-based health centers offer medical and mental health services on-site at local schools and offer a unique opportunity to base the program directly where children spend their day. We will continue to use process and outcome data gathered during and after the program to monitor our progress and inform program design and implementation.

Henry Street Settlement
Founded in 1893 by Lillian Wald, Henry Street Settlement opens doors of opportunity to enrich lives and enhance human progress for Lower East Side residents and other New Yorkers through social services, arts, and health care programs. Each year, Henry Street Settlement serves 60,000 individuals through social services, arts and health care programs. Through these programs, seniors received nutrition, case management and other vital services; youth received educational, recreational and employment services; members of our community received primary and mental health care, free legal and financial counseling and help accessing benefits including low-cost health insurance; homeless individuals and families received shelter and supportive services; the unemployed or underemployed were connected to jobs, and thousands of individuals of all ages were provided access to the arts, including dance, music, theater and visual arts.
Foundation. The program is place-based (located in the two buildings); addresses social, environmental, and structural determinants of health in addition to promoting healthy behaviors and effective use of the healthcare system; and is tailored to the specific needs of building residents.

The NYU Furman Center for Real Estate and Urban Policy
The Furman Center is a joint center of NYU’s Robert F. Wagner Graduate School of Public Service and School of Law. Since its founding in 1995, the NYU Furman Center has become a leading academic research center devoted to housing and land use policy. The mission of the Furman Center is to provide objective academic and empirical research on the legal and public policy issues involving neighborhood change, land use, housing, and mortgage finance in the United States; promote frank and productive discussions about those issues; and present essential data and analysis about the state of housing and neighborhoods in the nation’s leading urban areas.

Progress and impact
Periodic workshops have been held to address residents’ need and priorities. Most recently, in December 2016, Common Pantry provided two nutrition workshops (in Spanish, English and Cantonese) and Hester Street Collaborative will be providing two Healthier Homes workshops this spring. In addition, CHWs are organizing a smoking cessation workshop/support group for residents who have expressed interest in quitting.

To understand need, engage residents and to collect baseline data, we have completed a total of 392 surveys in the two buildings with adults 18 years and older, representing a participation rate of 73% of apartments (48% of eligible residents). Information about the survey results was presented to residents in both buildings.

THE HEALTH + HOUSING PROJECT BASELINE SURVEY RESULTS: NYCHA TWO BRIDGES

<table>
<thead>
<tr>
<th>Item</th>
<th>Two Bridges residents aged 18 or above surveyed</th>
<th>Apartments surveyed</th>
<th>Residents agreed to participate in Health + Housing program</th>
</tr>
</thead>
<tbody>
<tr>
<td>223 out of “516”</td>
<td>154 out of 230</td>
<td>165 out of 223</td>
<td></td>
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<tr>
<td>40% Said health is not as good as it could be</td>
<td>36% Said diet is not as good as it could be</td>
<td>31% Reported having difficulty with daily physical activities</td>
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<tr>
<td>21% Current smoker</td>
<td>71% Exercised in the past 30 days</td>
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<tr>
<td>87% Ate at least one fruit/vegetable yesterday</td>
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<td></td>
</tr>
<tr>
<td>94% Has health insurance coverage</td>
<td></td>
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<td></td>
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<tr>
<td>82% Visited primary care doctor in past 6 months</td>
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</tr>
</tbody>
</table>

Top 3 services needed

1. SNAP or WIC 28%
2. Exercise/Fitness 20%
3. Cash Assistance 15%

Top 3 problems inside apartments

1. Problems with pests 74%
2. Holes/Cracks 35%
3. Broken Window 31%

A comparison of chronic diseases in NYCHA Two Bridges and NYC overall

- **Two Bridges**
  - High Blood Pressure: 31%
  - High Blood Cholesterol: 20%
  - Diabetes: 11%
  - Asthma: 21%
  - Depression: 15%

- **NYC**
  - High Blood Pressure: 28%
  - High Blood Cholesterol: 29%
  - Diabetes: 11%
  - Asthma: 11%
  - Depression: 14%

Graphic used to present survey results to residents of NYCHA Two Bridges building.
Of the residents who completed a baseline survey, 227 (58%) have enrolled in the program. Bilingual CHWs (Chinese/English and Spanish/English) use motivational interviewing techniques to guide residents through a goal-setting activity, and then together they develop an action plan for the resident to achieve those goals. CHWs provide coaching on health behaviors, help residents navigate environmental and structural issues in their apartments, and connect residents to health and social services. The program has been well-received by participants and by building management.

As of February 2017, 1749 in-person encounters have been completed. As part of an evaluation of the program, we plan to measure changes in residents’ emergency department use, hospital days, insurance coverage, and overall physical and mental health.

The Health + Housing Project team has presented preliminary results from the baseline survey and CHW program data at a number of conferences in the past six months. In February 2017, James Williams, a medical student at NYU School of Medicine working with one of the project’s co-Investigators, Dr. Kelly Doran, was invited to give an oral presentation at the NYC Epidemiology Forum on research he conducted based on the Health + Housing Project, “Social Determinants of Health Among Subsidized Housing Residents with Frequent Emergency Department Use: Results from a Community-Based Sample.” This work won him the Saul J. Farber Public Health Student Research Award and in May 2017 he will present it at the Ninth Annual Dr. Saul J. Farber Public Health Student Lecture.

**Tobacco Free Community:**

In partnership with Asian Americans for Equality (AAFE) and the Asian Smokers’ Quitline (ASQ), experts from the Section on Tobacco, Alcohol, and Drug Use in NYUHC’s Department of Population Health are implementing a community navigator model, which mirrors the patient navigator model that has been well studied and implemented by the American Cancer Society. This model provides lay workers or resident/community volunteers the skills to educate and motivate people in the community to address modifiable health risks, like tobacco use, and link community members to evidence based smoking cessation resources. Despite the availability of safe and effective treatment for tobacco dependence, only

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**Asian Americans for Equality**

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

AAFE has led campaigns to promote equal employment, affordable housing, fair housing, transportation equity, local economic development, community lending, civic participation, healthcare access, immigrant rights, and educational access.
a small proportion of smokers who try to quit each year use cessation therapies. This is particularly true among low-income adults and for non-English language speakers, contributing to growing disparities in smoking prevalence. The Community Service Plan navigator program is designed to address this gap.

**Progress and impact**

*Training:* As part of our ongoing training, in March 2017, NYULMC and ASQ experts on tobacco cessation provided a comprehensive two-day training program, reaching over 20 community health workers, health educators and navigators across the Community Service Plan partnership. Participants included AAFE staff, two of whom are now certified as a tobacco treatment specialists, and staff from NYU Lutheran, the REACH FAR program and CBWCHC.

The curriculum was similar to previous trainings we have provided, but we added a focus on culturally tailored motivational interviewing skills and included an in-depth application session led by the Project Manager and counselors from the Asian Smokers Quitline. In addition, during the fall and winter of 2016/2017, we have continued to provide lectures for continuing medical education credit, reaching an additional 23 physician members of the Chinese American Medical Society (CAMS) and the Chinese American Independent Practice Association (CAIPA).

*Outreach:* Since this initiative began in the fall of 2013, building on AAFE’s existing programs, navigators have reached over 1,200 smokers, many of whom had never previously tried to quit or cut down. Of the 211 smokers who completed the baseline intake survey, 172 (82%) were given nicotine replacement therapy (NRT). Smokers who received NRT; were ready to set a quit date; and agreed to being contacted; were followed-up at two weeks. Of the 145 smokers who met these criteria (69%), 123 (85%) reported cutting back on their smoking. Furthermore, 60 smokers (41%) had stopped smoking for a day or longer and 38 (26%) quit altogether.

In December 2016, we instituted six-week follow-up calls in order to confirm self-reported smoking rates. Thirty-nine smokers were eligible for the six-week follow-up calls and 15 (38%) were successfully contacted, all of whom reported quitting smoking for a day or longer during the past six weeks. The Tobacco Free Community program is now the largest source of referrals to the Asian Smokers Quitline having referred over 150 smokers. We are currently expanding our navigator program, working with the REACH FAR mosques on the Lower East Side and with our partners at NYU Lutheran to expand into Sunset Park.
**Needs assessment:** In the summer of 2016, we conducted a street intercept survey of 250 Asian Americans in Chinatown, the Lower East Side and Sunset Park to assess Asian American’s knowledge about and use of tobacco treatment services and attitudes towards tobacco control policies. Results from the survey showed low rates of previous quit attempts (52% never attempted), the availability of low-cost cigarettes (average of $7.62/pack), high levels of reported exposure to secondhand smoke (77%), and a lack of knowledge about quitline services (75% unaware), indicating that key policy and tobacco use treatment initiatives and resources are not penetrating the communities surveyed.

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

In addition, growing out of this partnership, the Charles B. Wang Community Health Center was awarded a grant from the RCHN Community Health Foundation to address the high rates of smoking among Chinese American men. Activities include:
- Developing a bi-lingual smoking cessation coaching program;
- Providing smoking cessation counseling and personalized follow-up to support changes in smoking behaviors;
- Developing communication strategies to deliver key anti-smoking messages through print, broadcast and digital media platforms;
- Training and encouraging private practice physicians to adopt tobacco screening, counseling, and referral protocols; and
- Establishing multi-sector partnerships to deliver key messages and services.

**Policy:** In part supported by the RCHN grant, CBWCHC has led the creation of a citywide Anti-Tobacco Coalition focused on the Asian American community. The partnership members include the Charles B. Wang Community Health Center, NYUHC, Asian Americans for Equality, the Chinese American Medical Society, the Chinese American Independent Practice Association, NYC Department of Health and Mental Hygiene, Asian Smokers Quitline, Korean Community Services, and NYC Smoke-Free.

**REACH FAR:**

Building on the important role that faith-based organizations can play in affecting the health of immigrants and racial and ethnic minority populations, the Racial and Ethnic Approaches to Community Health for Asian AmeriCans (REACH FAR) program has partnered with two mosques on the Lower East Side – Assafa Islamic Center and Madina Masjid – to improve blood pressure control and promote healthy eating using a three-pronged approach: (1) facilitating Keep on
Track – a blood pressure control training and monitoring program; (2) nutritional strategies, including education and changes to communal food practices; and (3) culturally tailored communications and education. Assafa has a total of 1500 congregants and average weekly attendance at Friday Jummah prayers of 250 congregants. Madina Masjid has a congregation size of 2000 and average weekly attendance at Friday Jummah prayers of 400 congregants.

This program is part of a larger effort now in its third year of funding from the Centers for Disease Control. Through that initiative, REACH FAR has worked with community partners (United Sikhs, DREAM Coalition, Korean Community Services, and Kalusugan Coalition) and 12 faith-based organizations to increase access to healthy food and beverage options and deliver culturally and linguistically appropriate health coaching for management and prevention of high blood pressure in Asian American communities. As part of this effort, REACH FAR has adapted Keep on Track, an evidence-based train-the-trainer program developed by the NYC Department of Health and Mental Hygiene, to screen, monitor, and provide counseling to people with high blood pressure. Keep on Track has been implemented in 120 faith-based and community-based settings across New York City, but previously had not been adapted for or implemented in Asian American communities. REACH FAR activities are supported by a comprehensive social marketing campaign to raise awareness of hypertension prevention and treatment and to promote hypertension screening events at faith-based and other organizations. REACH FAR has also culturally adapted and disseminated materials on hypertension and nutrition created by the NYC Department of Health and Mental Hygiene and the Centers for Disease Control Million Hearts initiative and distributed these materials in a variety of community venues such as health care settings, grocery stores, restaurants, and faith-based and community-based organizations.

Progress and impact
Working with the leadership of the two Lower East Side mosques, REACH FAR’s Community Health Worker and Project Coordinator have identified and engaged leaders (imams, presidents, secretaries) to help build this program together. Five volunteers in each mosque have recently been trained to take blood pressure measurements and provide basic hypertension reduction strategies to congregants. As part of Keep on Track, they will begin providing monthly
screenings to congregants with the goal of making this a sustainable mosque practice to improve the health status of the congregation. Program staff have also begun discussing potential policies and practices regarding serving healthy foods during communal meals or enhancing existing menus to incorporate healthy meal options (e.g., lower fat dairy products, serving brown rice). Staff are also working with mosque leadership to develop a communication strategy to inform community members about program activities and to increase awareness of the risk of cardiovascular disease. In addition, we are providing the following services to congregants: health insurance enrollment, smoking/tobacco-use cessation, support for blood pressure monitoring, diabetes prevention and control activities, and physical activity sessions.

In Years 2 and 3, we plan to extend the reach of the program by engaging two additional mosques serving the South Asian and Middle Eastern community in the Sunset Park neighborhood of Brooklyn.

Programs and Progress: Promoting Healthy Women, Infants and Children

**ParentCorps:**

ParentCorps is an evidence-based program developed by NYU Langone Medical Center’s Center for Early Childhood Health and Development, which is designed to buffer the adverse effects of poverty and related stressors on early child development by engaging and supporting both parents and teachers at children’s transition to school.

A family-centered intervention, ParentCorps promotes foundational skills in pre-kindergarten and improves achievement test scores and behavioral and physical health in elementary school. ParentCorps works by strengthening family engagement and helping parents and teachers provide high-quality environments. ParentCorps builds adults’ capacity to use evidence-based practices to create safe, nurturing and predictable environments in which children thrive.

Two federally-funded, randomized controlled trials with more than 1,200 poor, minority NYC children have found that ParentCorps results in more supportive and nurturing home and early childhood classroom environments, higher kindergarten achievement scores (reading, writing, and math) and, among the highest-risk children, lower rates of obesity and mental health problems. A benefit-cost analysis indicates that ParentCorps has the potential to yield cost savings of more than $2,500 per student. In sum, ParentCorps impact on school readiness, achievement, mental health and physical health suggests the potential to improve on current efforts to reduce the achievement gap and health disparities for NYC’s children.
Progress and impact

Building on our work as part of the 2013-2015 Community Service Plan, we have continued our partnership with University Settlement Society, a large social service agency with three early childhood sites, and with the Earth School, an elementary school located on East 6th Street. Since 2013, ParentCorps has provided professional development to 184 teachers and teaching assistants, 15 family workers and other staff, 32 mental health professionals/social workers and 3 leaders at University Settlement and the Earth School. This includes 90 professionals trained since the new Plan launched in September 2016. In addition, since September 2013, University Settlement mental health professionals and support staff have implemented thirteen 14-session series of the Parenting Program in English, Mandarin and Cantonese, reaching 263 families. Teachers and mental health professionals received weekly coaching by ParentCorps throughout the year to ensure high levels of fidelity.

Building on this foundation, in past six months, all Pre-K classrooms in University Settlement implemented the Friends School curriculum, providing the 14-session intervention to 144 children. In addition, University Settlement mental health professionals and support staff implemented three 14-session series of the Parenting Program in English and Mandarin, reaching 101 families. Additionally, the Earth School implemented one 14-week series reaching 12 families. Teachers and mental health professionals receive weekly coaching by ParentCorps throughout the year to ensure high levels of fidelity.

Parents and caregivers were asked to complete brief questionnaires after each session. More than 90% reported that they felt welcomed and respected, supported and valued by program facilitators. Nearly all parents stated that they were able to understand the material presented and were ready to try the strategies at home. Importantly, the vast majority of parents indicated that they felt more confident in their ability to support their children’s development.

Here’s what parents said about ParentCorps programs:

- “Today’s group was very enlightening and helpful. The support offered was amazing. The concerns expressed by other parents were similar to my concerns.”
- “As a grandparent, I was happy that I was able to be here for my daughter. Being a support system, I learn a lot from other parents.”
- “I was able to express my views on discipline and learn new strategies.”
- “I am confident that I can hear about some great parenting techniques to teach my child.”
- “From all the parents I learned that children have different responses to different strategies. I will try to find one that fits mine.”

The ParentCorps faculty and staff have developed, delivered, evaluated, and continuously improved interventions to meet the needs of NYC pre-kindergarten students and their families for nearly two decades. The work done under the Community Service Plan has increased
ParentCorps’ capacity to address cross cultural issues and to translate and adapt materials to meet the needs of Chinese speaking families. Recently, as part of the New York City Thrive initiative, ParentCorps has partnered with the Division of Early Childhood Education in the NYC Department of Education to build capacity of social workers and Pre-K for All programs throughout the City to support children’s social, emotional and behavioral regulation skills, and to develop partnerships between families and programs. ParentCorps has provided training and coaching for hundreds of educators and social workers, and supported the implementation of ParentCorps (in a three-tiered approach) to thousands of pre-k students and their families. Materials developed and lessons learned through the Community Service Plan partnerships have enriched the program and will be used in this City-wide implementation.

**Project SAFE:**

There are substantial disparities in teen birth rates by ethnicity and poverty in New York City. Sunset Park has the 12th highest teen birth rate in NYC (33.2 births per 1,000 girls ages 15-19, compared to 24.0 in Brooklyn, and 23.6 citywide). Findings from our Teen Sexual Healthcare Access Survey indicate that the primary teen pregnancy risk factors for Sunset Park are poverty and low educational attainment, high rates of intimate partner violence, large numbers of disconnected youth, adolescents having limited knowledge of family planning and discomfort speaking to partners and adults, and fears about breach of confidentiality. Project SAFE prevents unintended pregnancy and the spread of STDs and HIV/AIDS through evidence-based interventions within a youth development framework that builds upon the existing strengths of young people. Project SAFE has been providing teen leadership, culturally appropriate sexual health information and services, and HIV peer education programming at the Project Reach Youth (PRY) site in Brooklyn since 1989. The program provides youth ages 14 to 19 with the support and the opportunities to avoid risky behaviors and to develop to their full potential and become agents of change in their communities.

The program model includes evidence-based sexual health workshops, peer-led health education groups and community events, and sexual health services designed to meet the unique needs of adolescents.

**Progress and impact**

*Multi-Session Workshop Series:* Project SAFE works with partners to provide pregnancy prevention workshops to youth in underserved communities in Brooklyn. The program utilizes two, six-session evidence-based sexual health curricula – Be Proud! Be Responsible (BPBR) and 4Me! (part of the Teen Health Project evidence-based intervention). Topics covered include pregnancy and STD/HIV prevention, as well as confidence, pride, and respect-building activities.
Since the start of the current CSP in September 2016, Project SAFE has facilitated 21 cycles of BPBR and 4Me! curricula, reaching a total of 558 youth in high schools, community-based organizations, and high school equivalency programs. New partnerships have been developed with Grand Street Settlement, Good Shepherd Services, and P. S. 371, an alternative high school in Sunset Park.

Peer Education Groups: Youth who complete the workshop series transition into the Project SAFE Teen Health Council, an introductory peer health education group. In the Teen Health Council, peer educators learn the basics of workshop facilitation, community event planning, and outreach strategies, while engaging in activities that focus on community and group connectedness. After completing the semester-long Teen Health Council, teens can then transition into one of the advanced peer education groups. Facilitated by an adult project facilitator and a peer leader, the groups offer a variety of ways for youth to have a positive impact in their community. Since the fall, 76 teens have been recruited and trained and 52 of this group went on to become Peer Leaders. The current groups include:

- **Theater:** Peer educators create and perform pieces that explore issues of safer sex, gender, culture, identity, and HIV/AIDS prevention using movement, poetry, and drama;
- **The Lab:** Peer educators use social media, such as Instagram, Snapchat, Facebook, and YouTube, to reach high-risk youth and provide sexual health education;
- **Dance:** The dance group trains participants in various dance styles and prepares them to develop performances that celebrate wellness and healthy relationships;
- **Ambassadors:** Youth are trained to facilitate sexual health workshops for their peers at schools and community events;
- **Reproductive Justice:** Participants select a reproductive justice issue and, with the guidance of a facilitator, initiate a project (such as a workshop or social media campaign) to address the issue (launched in January 2017).

Program evaluation has shown that participants have statistically significant increases in: frequency of condom use; HIV knowledge; knowledge of HIV status; and knowledge of STD status. In addition, participants demonstrate increases in school connectedness and self-efficacy, which have been shown to be protective factors against HIV infection.

Community Events and Single-Session Workshops: Throughout the year, peer educators and Project SAFE staff work collaboratively to produce a series of community events to promote teen sexual health. The events typically include performances from the arts-based groups and an open mic session in which guests and community members can perform. Most of these
community events also offer on-site HIV testing and promote teen health services available through Project SAFE and other community organizations. Since September 2016, Project SAFE has hosted or performed at 5 community events, reaching 327 youth. The events consistently receive overwhelmingly positive feedback and young people report increased knowledge about healthy relationships; feeling more comfortable encouraging others to get tested for HIV; and feeling more comfortable using a condom.

Project SAFE also offers single-session peer-led sexual health workshops. Since fall 2016, we have reached 341 young people through seven single-session sexual health workshops. Peer educators are now developing a three-part LGBTQ workshop series, which will be launched in the spring. Our program evaluations have shown that, as a result of the workshops, most participants know more about how to prevent HIV and are more likely to practice safer sex or abstain from sex (77% and 61% respectively, as reported on a post workshop survey).

Teen Health Clinic: Project SAFE partnered with the Family Health Center to establish the Teen Health Clinic, refining systems to be as teen-friendly as possible and providing young people with a health care experience tailored to their needs. The Project SAFE Teen Health Clinic offers youth a non-judgmental, personal approach to sexual health, with a teens-only waiting room and a staff, including Project SAFE staff and peer educators, who are trained to use an empowering, strengths-based approach. The clinic addresses the barriers youth experience in accessing sexual health services such as stigmatization, fear of parental disapproval, and lack of access to confidential health coverage. The clinic offers a full range of sexual health counseling and clinical services. Since September 2016, 596 teens have received screening and other services at the Teen Health Clinic.

Two Generations:

Two Generations, a new program that seeks to reduce the negative health impact of perinatal depression and adverse childhood events on maternal and child physical and mental health, is being developed in Sunset Park in the Family Health Centers.

Children born into poverty are at risk for far-reaching negative physical and mental health effects, perpetuating cycles of disadvantage into adulthood. Maternal stressors during the
Prenatal period increase the risk of pre- and postnatal depression, the likelihood of pregnancy complications and adverse birth outcomes, and decreased responsiveness in the newborn, as well as reduced mother-child interactions, harsh discipline, lower initiation of breastfeeding, over feeding, and increased emergency department visits. Fetal exposure to maternal stress in pregnancy negatively impacts a child’s neuro-development and increases the likelihood of poor health outcomes, such as delays in communication, socioemotional competence, cognitive functioning, behavioral problems, and chronic conditions. These adverse early influences in turn set the stage for subsequent impaired scholastic achievement, conduct disorder, criminal justice system involvement, and a trajectory of disadvantage.

Since September 2016, we have been laying the groundwork for implementing an intervention that would seamlessly implement effective tools to mitigate these life-long impacts in perinatal and pediatric care in the Family Health Centers. In this exploratory phase, we have been developing and refining the program model to integrate a comprehensive set of evidence-based interventions that cross the birth-line and thus have the potential to simultaneously improve outcomes for two generations.

The two critical aspects of young children’s early literacy – social-emotional development and language development – are challenged when a child lives in a home environment that is stressful, unpredictable, or unstimulating. The Parent-Child Home Program (PCHP), a national, evidence-based early literacy, parenting and school-readiness program, is part of our Two Generations intervention. The program currently serves low-income immigrant families in Sunset Park.

Parent-Child Home Program Home Visitor, modeling developmentally-appropriate interaction to build a family’s school readiness.

PCHP makes a significant difference in the lives of in-need young children and their families by:

- Building positive parent-child verbal and non-verbal interaction;
- Developing and promoting positive parenting skills;
- Developing early literacy skills that are essential for school readiness; and
- Enhancing the child’s conceptual and social-emotional development.

The program provides intensive home visiting to families who are challenged by poverty, low levels of education, language and literacy barriers and other obstacles, and with children between the ages of two and four years old. In twice-weekly, 30-minute home visits, a trained Home Visitor brings a book or educational toy as a gift for the family and uses it to model, for the parent and child, play, verbal interaction, and reading activities that help to create a language-rich home environment.
PCHP meets all the best practice criteria set forth in the most recent research: it is an early intervention/prevention model; it focuses on early literacy both within a social-emotional and cognitive/language development context; and it emphasizes parental responsibility. It also honors each family’s culture, uses developmentally appropriate books and toys, connects the family with the local school district and other community agencies to address family support needs, and emphasizes the importance of training and supervision of Home Visitors. Services are delivered in the home languages of the families by staff that reflect the cultures and languages of participants. The program’s design and activities also reduce risk factors associated with child abuse, maltreatment and neglect and introduce or increase protective factors.

The evidence base for PCHP is strong. Studies have consistently documented from pre- to post-program participation an increase in warm, responsive and steady routines and interactions in participating families. Research has also consistently documented that program children enter school with the requisite social-emotional skills to be successful in a classroom environment. Child participants out-perform at-risk control or comparison groups on various cognitive measures and close the achievement gap with middle-class children. Randomized controlled trials have also demonstrated cognitive benefits for toddlers immediately after program participation.

**Progress and impact**
The program has grown from serving 25 Latino and Asian families in 2011-2012, its initial year, to 50 in 2016-2017. PCHP families have participated in two, 30-minute home visits per week over a two-year period, and received educational materials to support positive interactions and development. The program uses two validated assessments that gauge the frequency with which parents and children demonstrate specific desired behaviors as observed by staff during the visits. These behaviors are related to the program’s three overarching outcomes (parent-child interaction, social-emotional development of the child, and pre-literacy skills) - all of which are essential components of the child’s school readiness. Baseline assessments were conducted in the fall and are being used to customize the support given to each family. Assessments will be re-administered at the end of the program cycle to ensure families have acquired sustainable skills that will impact the entire family and to measure outcome attainment from the beginning of the program. Post-completion, the works to connect graduating families to Pre-K/Head Start services.
Community Engagement

We have continued to engage our partners and the broader community through a variety of mechanisms with the objective of creating an infrastructure for the ongoing exchange of information and ideas and a platform for continued cross-sector work at the neighborhood level to address high priority public health issues.

The Community Service Plan Coordinating Council, composed of NYU and NYU Lutheran faculty and staff, and leadership and staff of our community partners, continues to meet every three months – now alternating between the NYULMC Manhattan campus and the NYU Lutheran campus in Sunset Park. The Council coordinates the Community Service Plan projects and ensures that they are meeting milestones, maximizing their impact, and working across institutions and sectors. We continue to find opportunities to learn and to work across projects and with colleagues throughout the institution and in the community. Our smoking cessation training, attended by over 20 people from multiple projects and many partners, is the most recent example.

We find many venues and occasions to present the work of Community Service Plan, providing updates and opportunities for input – at conferences, in classrooms, at Community Board meetings, and in many community settings. Over the course of our Plan, our relationships with our partners, as well as with other groups in the community, have flourished.

Finally, the merger between NYULMC and NYU Lutheran has enriched the Community Service Plans of both institutions and we have worked hard to integrate our efforts and use our collective resources and expertise to strengthen our programs.