Overview:

Building on the clinical and scientific expertise and capabilities of NYU Hospitals Center and the Family Health Centers at NYU Langone, 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 and Red Hook in Brooklyn.

Aligning with the 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/Red Hook. 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 Seventh Avenue Family Health Center at NYU Langone in Sunset Park.

- **Healthy Habits/Programa de Habitos 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 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, and with additional support from the Robin Hood Foundation.

- **Tobacco Free Community**, a community navigator program and policy initiative to facilitate access to smoking cessation treatment, combined with efforts to reduce children’s exposure to secondhand smoke, is being implemented in Chinatown/Lower East Side and in Sunset Park in partnership with Asian Americans for Equality, the Charles B. Wang Community Health Center, and the New York City Housing Authority.

- **REACH FAR**, a program designed to prevent cardiovascular disease by increasing access to healthy foods and providing culturally tailored health coaching, is being launched in two mosques on the Lower East Side and expanded to two mosques in Sunset Park, which are also implementing a lay health worker-led breast and cervical cancer screening program.

**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 implemented in Sunset Park and other Brooklyn communities, and the Peer Health Educator program is being expanded in Red Hook in collaboration with the Red Hook Initiative.

- **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, and a Parent-Child Home Program has been launched in Sunset Park.

**Several new initiatives have grown out of our work and partnerships:**

- The completion of an assessment of the health and housing needs of people in Southwest Brooklyn, and the launch of The Southwest Brooklyn Health and Housing Consortium to develop strategies to coordinate across sectors and address the needs identified.

- A **Community Health Needs and Assets Assessment in Red Hook, Brooklyn**, in partnership with the Red Hook Initiative, the Red Hook Community Justice Center, the Alex House Project, Good Shepherds, and 20 local community-based organizations.

- The planning of a **Community Health Worker Resource Center** to help develop, support and evaluate programs that use lay health workers to enhance care, link services, and improve community health.

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);

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.
Waiting room program where health educators promote family engagement in care as they introduce and support Greenlight messages.

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 2018, 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, and trained pediatric providers. We have enrolled 200 children/caregivers as part of an evaluation cohort and completed a total of 536 surveys with them.

To date, we have trained 19 health care providers, and since the complete roll-out of the program in May 2016, distributed 2915 booklets and 2735 tangible tools and reached 975 children and their families (93% of the unique eligible patients who visited during this time). Of the 3540 well child visits since program roll-out, 74% received Greenlight health education by a health educator or provider.

In the last year (from February 1, 2017 to January 31, 2018), we have distributed 1522 tangible tools and 1694 Greenlight booklets and reached 661 children and their families, which represents 90% of the unique eligible patients in the last year. 77% of the 1991 well child visits received Greenlight education from a health educator or provider.

670 Greenlight booklets have been distributed to the CBWCHC site in Flushing Queens, and we have begun to extend the comprehensive program into the Family Health Centers’ Seventh Avenue site in Sunset Park.

An abstract based on the evaluation component of the program has been accepted for a platform presentation by the Pediatric Academic Societies, and will be presented at the American Academy of Pediatrics Presidential Plenary in May 2018.
Healthy Habits Program/Programa de Habitats Saludables:

Stemming from the 2013 CHNA, the Family Health Centers’ 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.

NYU Langone Department of Population Health Center for Healthcare Innovation and Delivery Science awarded a grant to support the implementation and study of the Healthy Families Program. Three cycles were completed under the study during fall 2015 – summer 2016. Program adjustments, informed by the study and program evaluations, include 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.
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**

Since March 2017, three program cohorts have been implemented, reaching 25 children and families. A new program manager was hired and the program was renamed Healthy Habits/Programa de Habitos Saludables (from Healthy Families/Programa de Familias Saludables). Program outreach materials were developed for diverse stakeholders, including prospective participants and medical providers. During this time, the program further developed new or strengthened existing partnerships to increase referrals from medical providers and community organizations, resulting in an increase in the number of partners making regular referrals to the program. Additional partnerships included the Center for Family Life, a community-based human service organization, to support activity and social support curricula and resource enhancements; and Common Threads, to provide nutrition-focused curriculum enhancements.

The program was expanded to a school-based setting in summer 2017 in close collaboration with Center for Family Life and the P.S.503/506 School-based Health Center operated by Family Health Centers at NYU Langone. School-based health centers, which provide medical and mental health services on-site at local schools, offer a unique opportunity to reach children where they spend many hours of the day. The summer program cycle was designed as eight standalone sessions to fit within the partner’s summer program schedule. Six children and families participated in the pilot. Although families were not required to attend multiple sessions, four of the six families attended four or more sessions. New evaluation
tools were developed and tested with summer program participants in collaboration with NYU Langone Department of Population Health Center for Healthcare Innovation and Delivery. The new tools incorporate several validated measures including the 5-2-1-0 Healthy Habits Questionnaire, Family Nutrition and Physical Activity Screener, NIH PROMIS measure, and the Pediatric Symptom Checklist PSC-17. These measures are better aligned with program outcome goals and the instruments are more accessible to program participants. Program sessions are currently underway at PS 503/506 and the Family Health Centers’ Family Support Center. Evaluative data from these cycles will be used to inform program design and measure impact.

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, 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 additional support from the Robin Hood 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.

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.

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

Prior to the start of the program, community surveyors collected 390 baseline surveys from residents 18 years and older in 266 of 450 apartment units (48% response rate; 59% apartment unit response). The surveys provided crucial information on resident health conditions and behaviors, as well as their social and economic needs. Survey results were presented back to residents of both buildings.
Of the 390 residents who completed baseline surveys, 226 (58%) went on to complete an intake with a bilingual CHW (Chinese/English and Spanish/English). CHWs used motivational interviewing techniques to guide residents through a goal-setting activity, and then together they developed an action plan for the resident to achieve those goals. Participants ranked disease management, employment, and diet/exercise as their top three goals. CHWs provided coaching on health behaviors, helped residents navigate environmental and structural issues in their apartments, and connected residents to health and social services, making over 400 referrals, half of which were to Henry Street Settlement (our community partner). Over the course of the 15-month intervention (April 2016-June 2017), CHWs recorded more than 2,400 in-person visits with participants, averaging 11 visits per participant. Residents worked with CHWs for an average of eight months.

Excerpts from focus groups with program participants (November 2017):

- “One thing that I liked that was that you get to know each other [...] She would make calls for me, and make recommendations for me. She even went to my doctor with me, and explained some of my situations, and the doctor was able to work from there to get help for me for certain things that I needed.”
- “I would call her, and she would go to my house, she would go with me to the hospital, and she would help me get appointments. She helped me in several – in so many things, and I feel very, very grateful with the program, and the services she offered.”
- “Every problem I had, I would ask her for advice, and she would help me.”
- “So, when we set our goals, we actually fulfilled some of them which was great. So, it actually helped.”

Periodic workshops were held to address residents’ needs and priorities. Common Pantry provided two nutrition workshops (in Spanish, English and Cantonese) and Hester Street Collaborative led two Healthy Homes workshops. In addition, two of the CHWs organized regular group sessions with residents, including a nutrition/wellness group and a physical activity class. At the end of the program, we held a recognition ceremony in June 2017 for participants of both buildings. CHWs handed out certificates of achievement to the residents they worked with, and CHWs were recognized for their work with residents.

From June-October 2017, community surveyors conducted a follow-up survey with 440 residents (54%) in 263 of 450 apartments (58%). In October 2017, we also conducted five focus groups with approximately 40 participants to get more personalized in-depth feedback on the program.
Pre-post survey results indicated that a significantly greater percentage of participants reported having a personal doctor after the CHW program (92.3% post-survey vs. 84% pre-survey), and fewer reported being unable to pay their rent on time (13.2% vs. 22.2%), or unable to access food stamps (13.5% vs. 31.8%), job training (6.4% vs. 12.3%), education (2.3% vs. 8.2%), or a place to exercise (16.4% vs. 24%). There was also a significant decrease in participants who reported food insecurity (41.8% vs. 53%) and an increase in participants who were covered by health insurance (98.2% vs. 94.7%). Residents reported high levels of satisfaction with the CHW program. Over three-quarters said they were “very” or “extremely comfortable” speaking with their CHW about their issues (76.5%), and almost all were “satisfied” or “very satisfied” with their individual CHW (96.6%) and the CHW program overall (96.6%).

In the coming months, we will be returning to the intervention buildings to speak with residents about the findings from the program. As part of an evaluation of the program, in addition to pre-post survey analyses, we plan to use administrative data to measure changes in residents’ emergency department use and hospitalizations.

Growing out of this pilot project, Henry Street Settlement has been asked to continue the CHW program in one of the building and to expand it to two additional buildings nearby under the same ownership. Building management is supporting this effort, which will include two full-time CHWs and one full-time supervisor, who will also carry a 50 percent caseload. NYUHC continues to provide technical assistance to support this work.

The Health + Housing Project team presented preliminary results from the baseline survey and CHW program data at a number of conferences over the project period, most recently at the Interdisciplinary Association for Population Health Science Annual Conference in Austin, TX in October 2017.

The team also had a paper accepted recently for publication in a special issue of Cityscape, a journal published by the US Department of Housing and Urban Development, entitled “A Pilot Community Health Worker Program in Subsidized Housing: The Health + Housing Project.” In addition, James Williams, a medical student at NYU School of Medicine who worked with one of the project’s co-Investigators, Dr. Kelly Doran, won the Saul J. Farber Public Health Student Research Award for 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,” which he presented at the Ninth Annual Dr. Saul J. Farber Public Health Student Lecture in May 2017.
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 resources. Despite the availability of safe and effective treatment for tobacco dependence, only 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

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.

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 and expanding into Sunset Park.

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 (CBWCHC) 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 and with the support of NYUHC, CBWCHC has led the creation of a citywide Anti-Tobacco Coalition focused on the Asian American and other immigrant populations. 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. The Coalition is an important offshoot of the CSP program, expanding the reach of smoking cessation and prevention activities.

Already, this work has had an impact. The NYC Department of Health and Mental Hygiene now recognizes smoking among Asian American men as a health disparity. On June 28, 2017, in collaboration with the Coalition and hosted by CBWCHC, DOHMH released an Epi Data Brief on the leading causes of death among Chinese New Yorkers. Commissioner Dr. Mary T. Bassett noted that although heart disease is the leading cause of death for New Yorkers overall, according to the 2014 data, cancer was the leading cause of death among for Chinese New Yorkers, reflecting the persistently high rates of smoking among Asian American men. In response, the NYC Department of Health and Mental Hygiene (DOHMH) is launching an Asian language public awareness campaign. The NYUHC Community Service Plan and the anti-smoking coalition will continue to play a key role in disseminating this information.

Finally, we have been working with the New York City DOHMH and with New York City Housing Authority (NYCHA) leadership to explore strategies to educate and engage the community about smoking cessation and the dangers of secondhand smoke in order to support the implementation of the US Department of Housing and Urban Development’s landmark new policy on smoke free public housing that takes effect beginning in July 2018. The Tobacco Free Community program has been collaborating with NYCHA to obtain data on attitudes towards the policy and potential challenges related to
implementation. As part of this process we conducted 10 focus groups with 91 NYCHA residents from June and July 2017. NYCHA residents (including both smokers and non-smokers, multiple race/ethnicity groups) who lived in Lower East Side of Manhattan participated in the discussion. Findings from the focus groups are informing strategies to optimize policy implementation. We have also begun to conduct trainings for NYCHA building managers and other relevant staff to increase knowledge about tobacco use and increase capacity to offer support and resources to help smokers quit.

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, Manhattan – Assafa Islamic Center and Madina Masjid – and two mosques in Sunset Park, Brooklyn – Muslim Community Center and Jame Mohammadia – 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) implementing nutritional strategies, including education and changes to communal food practices; and (3) providing 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 of 2000 and average weekly attendance at Friday Jummah prayers of 400 congregants. Muslim Community Center has a congregation size of 500 and average weekly attendance at Friday Jumma prayer is about 200. Jame Mohammadia has a congregation size of 200 and average attendance at Friday Jumma prayer is about 100.

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

REACH FAR’s staff members have developed strong partnerships with the leaderships of two mosques in Lower East Side and two mosques in Sunset Park to implement REACH FAR program. To facilitate Keep On Track program, REACH FAR’s community health workers trained 23 volunteers from these 4 mosques. These 23 volunteers are now providing free monthly blood pressure screenings and basic hypertension reduction and management strategies to the mosque congregants. To date, more than 300 mosque congregants have received free blood pressure screening and consultations from the Keep on Track volunteers. A total of 197 baseline Keep on Track surveys have been collected from these mosques; 6-months follow up surveys are now being collected to be followed by a 12-month follow-up survey thereafter.

The program has also implemented nutrition strategies at the mosques in Lower East Side and one mosque in Sunset Park. During the month of Ramadan, at the sites in Lower East Side, REACH FAR community health workers conducted 4 nutrition events, reaching a total of 200 congregants, where they discussed easy ways of adopting healthy foods. In addition, program staff members held 38 health promotion events at these sites at which healthy food was provided. From the sites in Lower East Side, a total of 77 nutrition baseline surveys were collected. A follow-up survey will be administered 12 months later.

A similar nutrition strategy will also be implemented at the remaining Sunset Park mosque in the final quarter of the current fiscal year. In addition, REACH FAR is also providing the following services to the congregants: health insurance enrollment, smoking/tobacco use cessation, diabetes prevention and control activities, connection to community resources, and group exercise sessions. The program activities were publicized through two ethnic media newspapers, each with about 10,000 weekly circulations. In addition, through their own social media channels, two of the four mosques disseminated information about program activities, which reached about 10,000 viewers.

Finally, building upon the strength of the partnership we have established with these mosques and responding to partner requests to enhance programming efforts for female congregants, we are establishing a lay health worker-led breast and cervical cancer screening program for Muslim women at the two mosques in Sunset Park. This builds upon our successfully implemented CDC-funded MARHABA project (Muslim Americans Reaching for Health and Building Alliances).
Programs and Progress: Promoting Healthy Women, Infants and Children

**ParentCorps:**

ParentCorps, an evidence-based program developed by NYU Langone Health’s Center for Early Childhood Health and Development, 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. An enhancement for Pre-Kindergarten (Pre-K) programs, ParentCorps supports leaders, teachers and parents to create safe, nurturing and predictable environments for children. ParentCorps includes professional development for Pre-K and kindergarten teachers and a program offered to all families of Pre-K students (Parenting Program and Program for Students), implemented by mental health professionals and teachers, respectively. The three components are designed to alter knowledge, beliefs, skills and interactions among teachers, parents and students, to ultimately lead to successful outcomes for students.

Two randomized controlled trials with more than 1,200 children in high-need New York City schools provide evidence for ParentCorps. ParentCorps led to increases in positive parenting practices and parent involvement in learning, strong family engagement and improvements in the classroom environment. ParentCorps had a positive impact on kindergarten achievement scores and trajectories of academic performance, which were sustained until second grade. Results also revealed lower levels of mental health problems in children in ParentCorps programs by second grade. For children with low self-regulation, additional effects were detected on serious behavior problems at home (among boys), obesity and health behaviors. 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

Through the Community Service Plan, ParentCorps has partnered with the University Settlement Society, a large social service agency with three early childhood sites, and with the Earth School, an elementary school located on the Lower East Side. Since March 2017, ParentCorps has provided professional development to 16 new staff, including 4 mental health professionals, 4 teachers, 7 teaching assistants, and 1 Director at University Settlement and the Earth School. In addition, University Settlement and Earth School mental health professionals have implemented four 14-session series of the Parenting Program in English and Mandarin reaching 108 families. All three sites at University Settlement implemented the Program for Students in 12 classrooms, serving 216 students. A total of 37 teachers and mental health professionals received weekly coaching by ParentCorps throughout the year to ensure high quality implementation and high levels of fidelity.

Parents and caregivers were asked to complete short feedback forms on their experience and their use of strategies and tools after each session. More than 95% of the parents indicated that their experience in the session over the 14 weeks was “Very Good” or Excellent” and that they felt comfortable sharing their thoughts with the other parents and facilitator. More than 95% of the parents indicated that they found the strategies presented were useful for their families. Eighty-one percent of the families across all programs reported trying the strategies in the prior weeks.

Here’s what parents said about ParentCorps programs:
- “My first time and it was great. I liked putting actual terms/names to come of my child behavior”
- “It was a very calming environment and it was easy to participate and wanting to come back”.
- “Learning that I have more in common with other parents as well as hearing the challenges that my kid has is not uncommon”
- “Hearing about other people’s take on cultures”.
- “I always enjoy the sharing experience time. Reality is always better to practice and talk about and discuss than fiction situations”.
- “Sharing! No judgement zone! Role playing”.
- “Validating things I have been trying – continues to help me keep trying”
- “Hearing fresh parenting tips from other parents!”
- “Learning a new way to communicate specifically with my children”
- “Warm, supportive, intelligent group. Everyone wants these skills”
- “We talked about the strategies that will help me have more time with my children”.
- “Always learning something new”
- “Talk about the strategies to have more time with the children”.

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. Since September 2016, ParentCorps has been partnering with the Division of Early Childhood Education in the NYC Department of Education as part of the Pre-K Thrive initiative.
The collaborations under the Community Service Plan have increased ParentCorps’ capacity and that experience has informed the City-wide implementation. Specifically, the CSP projects have enhanced our ability to address cross cultural issues and have allowed us to translate and adapt materials to meet the needs of Chinese speaking families. The ParentCorps Fun with Feelings cards, which provide a playful way for families to help children learn about feelings and support social emotional skill-building at home, have been translated into Spanish and Chinese, building off the work in translating and adapting materials for the Community Service Plan. The cards are now translated into all official 10 languages within the NYC Department of Education. Since spring 2017, the Fun with Feelings cards have been distributed to all Pre-K for All programs and families in NYC.

Additionally, the materials and lessons learned through implementation as part of the Community Service Plan have enriched the ParentCorps team’s capacity in delivering Professional Learning with teachers, assistants and leaders from district schools and Centers. Working with University Settlement has better prepared ParentCorps to develop and adapt outreach and implementation strategies in Centers, and with diverse linguistic groups, as ParentCorps is implemented in 12 new Centers.

**Project SAFE:**

There are substantial disparities in teen birth rates by ethnicity and poverty in New York City. The teen birth rate in Sunset Park (33.2 births per 1,000 girls ages 15-19) is higher than Brooklyn (24.0) and NYC overall (23.6). 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, intimate partner violence, disconnected youth, 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 a seven-session evidence-based sexual health curriculum—Be Proud! Be Responsible (BPBR). Topics covered include pregnancy and STD/HIV prevention, as well as confidence, pride, and respect-building activities.

Since March 2017, Project SAFE has facilitated 47 cycles of BPBR, reaching a total of 1,104 youth in high schools, community-based organizations, and high school equivalency programs (68 cycles and 1,662 youth since September 2016). New partnerships include Grand Street Settlement; Good Shepherd Services; Wingate Campus (4 schools); Brooklyn College Partnership (3 sites); and P. S. 371, an alternative high school in Sunset Park. Our program evaluations have shown that, as a result of the workshops, participants know more about how to protect themselves from pregnancy or STIs and are more likely to practice safer sex or abstain from sex (97% and 90% respectively, as reported on a post-workshop survey). Eighty-nine percent of workshop participants completed at least 75% of workshop sessions.

*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 March 2017, 108 teens were recruited and trained in the Teen Health Council, and 44 youth went on to become Peer Leaders. Since September 2016 we have recruited and trained 170 Peers.

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;

**Awards:**
This year, the Project SAFE Theater group was selected to participate in the Rebel Voices Youth Theater Festival and performed at Vineyard Theater in July 2017.
- **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 the community events also offer on-site HIV testing and promote teen health services available through Project SAFE and other community organizations. Post-event and post-workshop surveys were redesigned and piloted in fall 2017/winter 2018 to better align with program design, context, and goals.

Since March 2017, Project SAFE has hosted or performed at 22 community events, reaching 497 youth (28 community events, reaching 855 youth since September 2016). The events consistently receive overwhelmingly positive feedback and young people report high likelihoods of attending future Project SAFE community events and recommending events to friends.

Project SAFE also offers single-session peer-led sexual health workshops. Since March 2017, we have reached 183 young people through 10 single-session sexual health workshops (13 workshops, 209 youth since September 2016). The revised post-workshop survey was used at two single-session workshop (HIV 101). Approximately two out of three workshop participants reported an increase in HIV knowledge.

**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

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Here’s what teens said about Project SAFE programs:

- “Being in SAFE is like a family. We learn, we play, we help each other, we help others, and it’s just an amazing atmosphere.”
- “I had stay[ed] in Project SAFE this long because it had provide[d] a sense of home. In PRY [Project Reach Youth] I had been able to be myself and not be judged.”
- “It is fun but at the same time it is an educational place where we learn to stay safe. Also the environment is very welcoming and you know everyone here.”
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 March 2017, 142 teens received STI testing and other services at the Teen Health Clinic (188 since September 2016). Over 1,000 teens were screened for pre- and post- HIV exposure prevention needs (PEP and PrEP) at the Teen Health Clinics, workshops, and community events. In June 2017 Teen Health Clinic services were expanded from the Park Slope site to a second site in Sunset Park.

**Workshops for Youth Workers and Parents:** Talking with youth about sex can be challenging. Project SAFE provides workshops and other support to youth organizations and parents to make these conversations easier. The *Let’s Talk about Sex* workshop covers basic principles of Motivational Interviewing, tips for starting the conversation, and making referrals to sexual health services. Since March 2017, three workshops were provided to youth workers and parents from Brooklyn College, John Jay Campus High School, and Project SAFE.

**Red Hook Initiative Peer Health Educator Program:**

Red Hook Initiative provides comprehensive programming for 100 high school aged youth (14 – 18) from Red Hook, Brooklyn, as they work toward their high school diploma and exercise their leadership in Red Hook. The Red Hook Initiative Peer Health Educator (PHE) program was added to the Community Service Plan in September 2017. The Peer Health Educator, a youth development initiative, teaches youth essential sexual and reproductive health information with a goal of being able to care for themselves, their families, friends, and neighbors. Training topics include: changes during puberty, self-esteem and body image, sexuality, gender, sexual identity, STIs, HIV, birth control and pregnancy prevention.

Once PHEs are confident in the content, they learn workshop planning and facilitation skills, public speaking, and ways to use social media for peer education. Program highlights include: creating a public service announcement, traveling to visit city-wide health resources, and attending at least one local reproductive health conference.

**Progress and Impact**

The Peer Health Educator programs runs twice per week during the academic year, and seven weeks in the summer. In addition to an internship placement, each PHE participates in at least one hour of work study per week, educational goal setting as needed, college exploration/access activities, and regular Career Readiness Support activities.

Since September 2017, 9 Red Hook residents ages 15-18 have completed a 12-week training on reproductive and sexual health and are now employed as Peer Health Educators. The PHEs held an end-of-year HIV event consisting of PHE-led activities, guest speakers, and HIV testing (in collaboration with the Health and Education Alternatives for Teens (HEAT) program). PHEs also partnered with Peer Counselors to visit the LGBT Center in Manhattan to learn about the different services and program
offerings for young people. During spring 2018, PHEs will continue to educate at least 150 peers and community members through trainings, projects and events. They will also attend at least one conference and visit at least two organizations.

Youth complete social and emotional screenings at least once per year. They also complete an end-of-year survey and participate in focus groups led by the Director of Evaluation and Training to measure outcomes. Data points include PHEs reproductive and sexual health knowledge, access to reproductive and sexual health care, and overall program implementation feedback.

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, has been 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.

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 doubled the number of families it is able to serve each year from 25 to 52. Since March 2017, the program has served a total of 86 Latino and Asian families. PCHP families participate in two, 30-minute home visits per week over a two-year period, and receive 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 are conducted at the beginning of each program cycle and are used to customize the support given to each family. Assessments are 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.

Outcomes for the families that graduated from the two-year intervention in 2017 were substantial. All parents and children showed gains. At the end of the program, 90% of parents frequently or always demonstrated positive parenting behaviors in home visits, compared to only 10% at the start of the program. Eighty-three percent of the participating children frequently or always demonstrated school-readiness skills in home visits at the end of the program, compared to 97% rarely demonstrating these behaviors and skills at the beginning.

Southwest Brooklyn Health and Housing Consortium:

In the spring of 2017, growing in part out of our CSP Health + Housing Project, leadership from the Community Service Plan began to explore the interaction between housing insecurity and health status and care in Brooklyn communities served by NYU Langone Health. Henie Lustgarten and Bonnie Mohan, two founders of The Bronx Health & Housing Consortium, were hired as consultants to assist with a needs assessment and environmental scan of housing in Southwest Brooklyn. A leadership group was formed to guide this work and to develop recommendations based upon the findings. The group included colleagues from the Departments of Population Health and Emergency Medicine at NYU School of Medicine, the Family Health Centers at NYU Langone, NYU Langone Hospital – Brooklyn, the Brooklyn Health Home, Enterprise Community Partners, CAMBA, and Local Initiatives Support Corporation. Additional community-based organizations provided input and insights at meetings of the Community Advisory Group for the NYU Langone Brooklyn Performing Provider System.

The composition of the leadership group reflects a recognition that partnerships with health, social service and housing providers will be essential to any housing and health initiative.
The goals of the group were to:

- Understand the intersection of health and housing needs of people in Southwest Brooklyn;
- Build relationships with stakeholders serving a shared population; and
- Share, develop, and advocate for resources.

The result of this work is the creation of The Southwest Brooklyn Health & Housing Consortium. Over the coming months, we plan to build on existing efforts and develop new systems and programs to:

- Provide systematic ways to share information, and develop pathways within and across the health and housing sectors, including:
  - Building a network across sectors to better understand the health/housing issues of patients/clients and to share information and resources, leveraging the existing PPS partnerships and structures – through open houses, field trips, case conferences, and by developing processes for information sharing;
  - Building capacity and infrastructure of health systems and CBOs to identify and address health/housing issues through workforce development programs and enhancing client access to legal services;
  - Exploring ways to build capacity for medical respite services for people who are homeless or unstably housed and have time-limited medical needs, and stabilization for people with substance use disorders.

- Track and coordinate with other health and housing efforts and expand the partnership to include:
  - Managed care organizations;
  - City and State officials;
  - Policymakers; and
  - Leaders of related efforts.

- Create and prioritize longer term strategies, which might include:
  - Establishing a respite program for homeless or unstably housed patients;
  - Establishing a stabilization center for people with substance use disorders;
  - Developing a policy agenda and working with community leaders, policymakers, and elected officials to educate them about the deleterious health effects of the housing crisis and health-related housing needs in the community; and
  - Developing infrastructure to measure need and impact including health outcomes, financial impact, and patient and staff satisfaction.
Red Hook Needs and Assets Assessment:

Red Hook is an under-resourced and medically underserved community with a strong network of trusted community-based organizations. It is included in this Community Service Plan – along with the Lower East Side and Chinatown (Manhattan) and Sunset Park (Brooklyn) – based on the need for service as evidenced by social determinants of health, health disparities, risk factors, and utilization data.

In summer 2017, we launched a collaborative Red Hook Community Health Needs and Assets Assessment process with four core Red Hook organizations: Alex House Project, Good Shepherd Services, Red Hook Community Justice Center, and the Red Hook Initiative. To date the group’s activities have included establishing goals and guiding questions, reviewing existing data, and identifying data gaps. We also collected feedback from the community on top assets, health priorities, and needed services and resources through dot voting and a survey (paper and online; available in English, Spanish, and Chinese).

Over 20 community organizations helped collect feedback from more than 600 Red Hook residents. After we complete the data analysis, we will develop a plan to expand services and programs that leverage existing assets to address key health priorities.

NYU Community Health Worker Resource Center:

Many of our CSP projects, as well as other initiatives across the health system, are developing and implementing programs that use lay health workers. To strengthen these efforts internally, and then to provide a resource to other community-based programs externally, we have begun to lay the groundwork for a Community Health Worker (CHW) Resource Center that would help develop, support and evaluate programs to enhance care, link services, improve community health. (Note that the term CHW as used here encompasses frontline health workers who are trusted members of their communities with a shared life experience with the patients they serve. Other titles include lay health workers, peer navigators/counselors, health coaches/educators, practice facilitators.)

In the fall of 2017, a 20-member stakeholder group was established that includes faculty and staff from the Department of Population Health, Family Health Centers at NYU Langone Health, NYU Langone Hospital – Brooklyn, and the NYU Perlmutter Cancer Center. Since then, two stakeholder meetings have been held (December 2017 and February 2018) to discuss the Resource Center’s mission and vision and determine the group’s priorities, which are outlined below.
- **Mission**: To strengthen NYU Langone Health’s CHW programs and research by supporting emerging and existing efforts.
- **Vision**: A leading resource for developing and implementing effective and innovative CHW research and programs at NYU Langone Health and beyond.

The stakeholder group decided to focus on two activities in the coming months:

- **Developing a CHW Learning Community**: The goal of the CHW Learning Community is to support NYU Langone Health’s CHW workforce by building leadership, community, and capacity through trainings and social support. In-person meetings will be organized to facilitate trainings, group activities, and networking and an online community will be developed so CHW can stay connected between in-person meetings and share information.

- **Creating a repository**: The purpose of the repository for CHW program protocols/policies and data collection tools is to facilitate sharing tools and collaboration across projects. An online database is being developed so staff can upload files and easily search for the specific type of files they need.

Both of these resources will be shared with CSP community partners and eventually made available to a wider audience.

**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 Langone Health faculty and staff from across the institution, leadership and staff of our community partners, and other interested partners and policymakers, continues to meet every three months – now alternating between the Manhattan and Brooklyn campuses of NYU Langone Health. The Council coordinates the Community Service Plan projects and ensures that they are meeting milestones, maximizing their impact, and working effectively 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. Within the past year, a Network group has formed that includes faculty and staff (from within NYU Langone Health and from community partners), to explore cross-cutting topics, thus far including: the use of photovoice, how to present quantitative and qualitative data to community members, and survey development.

Finally, the joining of the Manhattan CSP with CSP and other community-based programs in Sunset Park and now Red Hook continues to enrich the Community Service Plan across the institution. We have now integrated our efforts and deployed our collective resources and expertise to strengthen our programs.