Section 1

a. Title: Community Health Partnership of the Heights

b. Partnership Representative

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c. We are active members of Community-Campus Partnerships for Health and part of their mentor network.

d. Nomination Abstract

Community Health Partnership of the Heights represents a partnership between the Division of Child and Adolescent Health at Columbia University, the Ambulatory Care Network of NewYork Presbyterian Hospital, and the community of Washington Heights and Inwood. Washington Heights and Inwood is a predominantly Latino community of 270,700 residents in which over half of local residents are foreign-born, one in four households is linguistically isolated, and one in three families lives below the poverty level. Despite these circumstances, Washington Heights and Inwood is a vibrant community supported by community based organizations that are committed to improve the health and well being of local residents. Community Health Partnership of the Heights was formed in 1995 with the recognition that the traditional approach of caring for children in the practice setting does not adequately address the major threats to the health of children in this community. The overall aim of the program is to leverage medical center and community resources to reduce child-related health disparities through innovative pediatric training programs, public health initiatives and research. All partners are involved in the development, implementation, evaluation and sustainability of the initiatives. Since 1995, Community Health Partnership of the Heights has reached thousands of community residents through a wide range of initiatives that have been proven to increase knowledge, affect behavior, and lead to improved clinical outcomes.
### Section 2: List of Partners

<table>
<thead>
<tr>
<th>Partners’ Names</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alejandro Sierra Salsa Class</td>
<td>Campaign Participant, Task Force</td>
</tr>
<tr>
<td>Alianza Dominicana: Best Beginnings Program</td>
<td>A voluntary, home-based service for high-risk expectant families and new parents that employs community workers to promote optimal child health and development, prevent child abuse and neglect, support positive parent-child bonding and relationships, and enhance parental self-sufficiency.</td>
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<tr>
<td>All Purpose Room, Inc.</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Antojitos y Monadas</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Asociacion de Mujeres Progresistas</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Bike Upper Manhattan</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Children's Aid Society</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>City Harvest</td>
<td>Task Force</td>
</tr>
<tr>
<td>Community Health Academy of the Heights (CHAH)</td>
<td>A 6th-12th grades public school that prepares adolescents from Northern Manhattan for careers in healthcare.</td>
</tr>
<tr>
<td>Community League of the Heights (CLOTH)</td>
<td>Multidimensional organization whose mission encompasses development, organizing, advocacy and service delivery involving affordable housing, youth services, neighborhood improvement, health and education for residents of the Southern Washington Heights &amp; Hamilton Heights areas.</td>
</tr>
<tr>
<td>Dominican Medical Association (DMA)</td>
<td>A nonprofit in New York City committed to assisting foreign-trained physicians enter the healthcare arena in the United States by providing job counseling and placement, medical education, and preparation and training for the United States Medical Licensing Exam.</td>
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<tr>
<td>Duke Ellington School</td>
<td>Partner school.</td>
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<tr>
<td>Focused Fitness</td>
<td>Task Force</td>
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<tr>
<td>Fort George Community Enrichment Center</td>
<td>Head Start program which offers day care services that include activities such as reading, writing, singing and dancing.</td>
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<tr>
<td>Healthcare Education Project</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Healthy Kids in the Heights</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Homes for the Homeless</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Institute of Human Nutrition</td>
<td>Task Force</td>
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<tr>
<td>JCL Team</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Lighthouse Pediatrics, PC</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Literacy Inc (LINC)</td>
<td>Helps children on their path to success by activating and organizing existing resources in the community to build strong readers.</td>
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<tr>
<td>New York City Department of Education, District Six Middle Schools (21 in total)</td>
<td>Partner schools.</td>
</tr>
<tr>
<td>New York Road Runners</td>
<td>Task Force</td>
</tr>
<tr>
<td>Northern Manhattan Improvement Corporation</td>
<td>A community-based, nonprofit organization that serves Washington Heights and Inwood, with the aim at preserving affordable housing through legal services, community organizing, and building weatherization; promoting economic self-sufficiency through adult education and workforce development; and stabilizing families through social services, health education, and domestic violence intervention.</td>
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<tr>
<td>NYU School of Medicine - Department of Environmental Medicine</td>
<td>Health Care /Educational institution.</td>
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<tr>
<td>People's Theatre Project</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>Police Athletic League</td>
<td>Campaign Participant, Task Force</td>
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<tr>
<td>PS 102</td>
<td>Partner school.</td>
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<td>PS 128</td>
<td>Partner school.</td>
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<td>PS 132</td>
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<td>PS 152</td>
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<td>PS 180</td>
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<td>PS 206</td>
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<td>PS 4</td>
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<tr>
<td>PS/IS 210</td>
<td>Partner school.</td>
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<tr>
<td>PS 173</td>
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<tr>
<td>PS 192</td>
<td>Partner school.</td>
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<tr>
<td>PS 48</td>
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<td>PS 28</td>
<td>Partner school.</td>
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<tr>
<td>PS 325</td>
<td>Partner school.</td>
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</table>
| Strategic Alliance for Health | Task Force |}

**The Armory Foundation**
A nonprofit organization and home to the New Balance Track and Field, committed to serving youth by promoting excellence and fitness through a broad range of athletic, educational and community programs.

**Turn 2 Foundation**
Primary funder of Turn 2 Us. Their primary mission is to promote healthy lifestyles in under privileged communities.

**Venus Varieties**
Campaign Participant, Task Force

**WEACT**
Task Force

**YoYo 55 Productions**
Campaign Participant, Task Force
Section 3: Essay

Community Health Partnership of the Heights

1. Background:

Community Health Partnership of the Heights (CHP) represents a partnership between the Division of Child and Adolescent Health at Columbia University (CAH), the Ambulatory Care Network of NewYork Presbyterian Hospital (ACN), and the community of Washington Heights and Inwood (WAHI), in Northern Manhattan. The aim of Community Health Partnership of the Heights is to leverage medical center and community resources to reduce child-related health disparities in the local community. To accomplish this aim, Community Health Partnership of the Heights comprises three key areas: 1) Education, 2) Service, and 3) Research, all of which are developed, informed, evaluated and sustained collectively by partners.

WAHI is a predominantly Latino community of 270,700 residents. Common barriers to care are exacerbated in this community, where over half of local residents are foreign-born, one in four households is linguistically isolated, and one in three families lives below the poverty level. These circumstances affect how community residents interact with local health care systems and frequently stand in the way of optimal health and disease management. Despite these circumstances, WAHI is a close-knit, vibrant community with multiple community agencies involved in strengthening the community, filling gaps in care, and empowering residents to improve their health and well being.

The traditional approach of caring for individual children in the practice setting does not adequately address major threats to the health of children in this community. Problems such as infant mortality, obesity, domestic violence, intentional and unintentional injuries have to be addressed by a broader community approach that involves the community as an active partner in health care delivery and a common understanding that health is not a mere absence of illness but as the World Health Organization states “the complete physical, mental and social well-being.” In response to these issues, in 1995, Community Health Partnership of the Heights (CHP) was formed. In the clinical arena, all of the general pediatrics faculty and the pediatric residents have been fully integrated into four community-based, hospital-affiliated continuity clinics, providing care to over 20,000 children per year. Training of future leaders in community health has been established and multiple public health initiatives have been developed to address health issues in the community. CAH Pediatricians, ACN Program staff, and community agencies now work side by side to develop important initiatives that impact clinical practice, improve the health of the community and bring about social and institutional change.

The first program developed within CHP was Best Beginnings. In 1994, several general pediatricians and Alianza Dominicana, the largest social service agency in the community, joined together with the New York Society for the Prevention of Cruelty to Children to create Best Beginnings, a program that built upon the Healthy Families America model. Best Beginnings, which continues today, is a voluntary, home-based service for high-risk expectant families and new parents that employs community workers to promote optimal child health and development, prevent child abuse and neglect, support positive parent-child bonding and relationships, and enhance parental self-sufficiency. In 1995, Best Beginnings served as a learning laboratory for establishing a training program for pediatric residents at Columbia University Medical Center. Using service learning as the educational methodology, residents were taught their roles as teachers and learners in community settings. They went to Best Beginnings to learn about the program services, meet family support workers, and participate in their case conferences. Together with the family support workers, residents chose a health care topic to be discussed at a later visit. In addition, residents joined family support workers in home visits of newborns enrolled in the program and followed these newborns throughout their three years of training.
The goal was to create a training program for pediatric residents to create future leaders who would embrace and disseminate the concept of community partnerships when treating and supporting children and their families. Future pediatricians would be taught the skills to understand community health and to work collaboratively with the community to address increasing disparities in health care. Three core concepts – community health, cultural competency, and advocacy – were, and continue to be, integrated into all three years of residency training. Service learning was chosen as the overarching educational methodology. Today we have a robust training program for all pediatric residents that includes a track for those who have a particular interest in community health and child advocacy.

Once the training program was established and gained national recognition, pediatric faculty joined community leaders and the hospital’s community outreach department within the ACN to develop and launch several public health initiatives with the goal of addressing major threats to children’s health and extend support and resources beyond the clinical setting. Successful funding supported the creation of the nationally-recognized programs listed below and the ACN was a key partner in their implementation, administration and most importantly, their sustainability. Initiatives were aligned with the hospital’s mission of reaching out to the local community and responding to their needs. Following is a description of the CHP public health initiatives:

1) CHALK (Choosing Healthy & Active Lifestyles for Kids) Center for Best Practices
Program description: CHALK aims to reduce the prevalence of childhood obesity and its associated morbidity in WAHI and to promote a culture and create an environment in which healthy lifestyles are integral to the lives of all children. This is accomplished through a strong community wide coalition that disseminates social marketing campaigns.

2) Healthy Schools Healthy Families Program (HSHF)
Program description: HSHF is an elementary school health program that addresses a broad range of health issues including immunizations, asthma, mental health, and obesity prevention. HSHF serves approximately 4500 children across 7 schools.

3) Health Education & Adult Literacy (HEAL) Program
Program description: HEAL aims to improve the health literacy of the population served by developing culturally responsive health education materials using the basic tenets of health literacy. In addition, the program trains pediatric providers, community workers, and volunteers to address the issue of health literacy.

4) Reach Out and Read (ROR)
Program description: ROR is a national program that incorporates early literacy into pediatric primary care for children ages 6 months to 5 years. Our program, established in 1997, has enabled over 200 pediatricians at Columbia University to “prescribe” and give out over 100,000 books to 45,000 economically disadvantaged children, many of who are from linguistically isolated families.

5) WIN (Washington Heights & Inwood Network) for Asthma Program
Program description: WIN is a community-based program designed to support families of children with poorly controlled asthma. This is accomplished through community health worker-led education, support and a comprehensive care coordination program focused on empowering caregivers to better manage their child’s asthma and to address competing obstacles.
6) Turn2 Us  
**Program Description:** Turn2 US is a school-based mental health prevention program, currently in two elementary schools in WAHI, that strives to enable youth to internalize healthy lifestyles through a variety of physical and psycho-educational preventive interventions.

7) Lang Youth Medical Program  
**Program description:** Lang Youth is a six-year longitudinal program that mobilizes the resources of NYP and Columbia University Medical Center to inspire and train 7th – 12th grade students from WAHI to fulfill their education and career aspirations, especially in the health sciences.

8) Health Leads  
**Program description:** Health Leads is a national program that works to break the link between poverty and poor health by mobilizing undergraduate volunteers to provide sustained public health interventions in partnership with urban medical centers, universities, and community organizations. Health Leads volunteers address patients’ unmet resource needs systematically, as a standard element of patient care.

9) Infant Sickle Cell Program  
**Program Description:** Infant Sickle Cell in Harlem and Northern Manhattan supports families and communities affected by sickle cell disease and sickle trait.

**2. Mission and Goals of Partnership and How They Were Determined**

The mission of Community Health Partnership of the Heights is to improve the health and well-being of children and adolescents in the WAHI community. Through partnerships between community, hospital, and academic organizations, innovative pediatric training experiences, population health initiatives, scholarship, and research, we address major threats to children’s health through the interlinking contexts of biology, family and community.

CHP follows a set of principles that informs its implementation: a true partnership model, a public health vision, cultural competency, an ecological approach to health, and a link to existing coalitions in the community. We strive to create model programs that are replicable, sustainable, evidence-based and with measurable outcomes. It is only by combining the skills and resources of the Medical Center with the energy, immense talents, and resources of our multiple partners that these goals can be achieved. In addition, we support community initiatives that empower individuals and families to manage diseases, better navigate local systems of care and local resources, improve school readiness and academic achievement, and, ultimately improve their quality of life.

Community engaged scholarship and community engaged research flowed from the work conducted in, and results demonstrated by, the aforementioned public health initiatives and training programs. As a group, we aim to capture, document, and disseminate information associated with our work that can be used to inform and enhance programs, increase resources, and build capacity in the community. To date, we have presented and published on the local, national and international level.

Our mission was created early on by the partnership team associated with Best Beginnings. Over time, as programs grew and the need to study their effectiveness became of paramount importance for sustainability and national recognition, the mission evolved to include community engaged scholarship and research. This mission guides the university and hospital to embrace and incorporate the community’s perspective while encouraging and supporting community partners to incorporate physician training, research and scholarship into their programs.
The overall goal of CHP is to decrease disparities in health in the WAHI community. We do this by applying a public health model; leveraging clinical and community resources, educating future leaders in health care and by building capacity within community settings. Within this framework goals and objectives are developed and might evolve over time based on changes in funding, leadership and changes within agencies in the community. In situations in which programs cease to continue due to loss of funding or completion of a particular project, we strive to sustain our partnerships even though the purpose might change. This ensures continuous dialogue with partners and enables us to build upon our past work when new opportunities and or needs arise. For example, after funding for our training program ended, Best Beginnings continued to be a service learning site for pediatric residents. The community program was not receiving financial support from the medical center but saw the benefit of training future doctors as well as having their family support workers trained in primary care issues by the pediatric residents. As a result, Best Beginnings added the training of residents and the knowledge gained by family support workers as one of their outcome measures. Because of the continued relationship, the partnership was later partly supported by a health literacy initiative funded by a federal stimulus grant. A curriculum on medication administration was developed jointly by medical center faculty and Best Beginnings family support workers and delivered by pediatric residents and family support workers at their continuity clinic sites and at the homes of Best Beginnings clients.

3. How does your partnership define community?

The partnership defines “community” as the families and children living in WAHI, and all the organizations and individuals that are integrally involved in supporting them, such as, CBOs, schools, faith-based organizations, local businesses, and local political leaders. CHP was developed by the strong desire and sense of responsibility to serve the people geographically situated around the large academic medical center. More recently, global health has become a prominent force at the medical center however the partnership has stayed true to its mission to devote its assets and resources to the local community.

4. What is the governance structure and decision making process for your partnership?

CHP has a decentralized governance structure. Each program is co-led by a Medical Director representing the Department of Pediatrics at Columbia University, a program manager representing the ACN at NYP and at least one community member who represents a community constituency (i.e. CBO, school). Decentralization was chosen to avoid duplication of efforts, confusion and to allow different community voices to be heard. The leadership team that includes different community members at different times, leads the overall vision of the program, advocates for funding resources and leverages the institutional politics to favor the sustainability of the CHP.

There is a community advisory board for each program that is comprised of the constituencies relevant to the program. Examples of representation include: parents of patients, school administration, local health care plans, CBOs, small community businesses, faith based organizations, local restaurants. Following the set of principles described above, each program uses a collaborative process to decide upon program’s goals, objectives, and implementation and evaluation strategies. Discussion of individual/organizational interests and agendas are encouraged in the early stages of partnership to ensure open communication and understanding between all partners. One of the benefits of establishing partnerships that last many years is that as different opportunities arise partners can be honest about the purpose of the partnership and its intended outcomes. Because each program is part of a larger strategy we encourage cross fertilization amongst programs both on the community and the academic side.
An example of the governance structure can be seen in the WIN for Asthma program. This program was developed in partnership with 4 community CBOs whose representatives were involved in the program development, implementation and evaluation and, more recently, the program expansion to serve individuals struggling with chronic diseases beyond asthma. The leadership team comprises supervisors from the 4 CBOs, the Medical Director from CAH, and the Program Manager from ACN. Community health workers are at the center of this model and are supervised jointly by the CBO and Program Coordinator who reports to the Program Manager. This model allows the community health workers to remain anchored in the community where the families served live and can easily draw upon myriad of social service programs offered by these organizations and desperately needed by the families and simultaneously receive infrastructure and support from the ACN and CAH.

5. What funding supports your partnership and how are decisions made about a) which funding sources to pursue, b) what entity serves as the fiscal agent, and c) how funding is allocated?

CHP is funded by multiple sources including: hospital and university operational dollars; federal, state and city funding; philanthropy and local and national foundations. The University supports the faculty who lead the training while the hospital supports many of the public health initiatives. Funding is discussed both at the CHP leadership level and within each program. It is the leadership team that is responsible to determine which funding to pursue in order to ensure that programs don’t compete with each other at any given time. CHP has used different models to ensure that community partners have a voice in the allocation of funding. A community task force was created to discuss RFA’s with an academic partner and decide between each other which agency goes for what funding. As the public health initiatives established very strong identities both within the medical center and the community, a decision was made to disband that task force and allow each program to be responsible for discussing and identifying funding options. The emphasis is always on maximizing community partner funding. For example, WIN for Asthma holds subcontracts with 4 CBOs and monies are given to the CBO’s to hire their own staff and a supervisor, along with overhead and fringe, helping the CBOs build capacity and adding that salary line to their budget. In the case of Best Beginnings, after years of the University being the lead agency, it is now the community based organization, Alianza, who is the lead agency contracting with New York State and working in partnership with the University to train residents and with the hospital to provide primary care for its clients.

6. What community-campus partnership strategies does your partnership pursue, and how do these help to achieve your mission and goals?

We utilize service learning as the overarching educational methodology, community based participatory research or community based research to pursue our research endeavors, community engaged scholarship to disseminate our results and a patient centered approach to deliver clinical services. These methodologies require strong community-academic partnerships for successful implementation. Balance of power, resources and shared accomplishments are key to sustain and strengthen these partnerships. Examples of this are: shared authorship in published manuscripts, co-presenting at local and national workshops, and access to university or hospital ID for community health workers which ensures access to library and other campus amenities. These strategies have created long term partnerships that have mutual trust and truly know each other both on a personal and institutional level. Having leaders of the partnership remain constant over time has allowed for members of the CHP program to work toward achieving the goal of improving the health and well being of the children of WAHI instead of spending time understanding each other’s perspectives and trying to figure out underlying, unstated
agendas. For example, within the Community Pediatrics training program the Coordinator, Community Liaison, and Medical Director have held their positions for 11 years.

7. How does your partnership assess and reflect on progress towards your mission and goals?

We use individual program outcome measures, city wide and local data and key informant voices to assess and reflect upon progress made towards our goal and overall mission.

Even though every program has a clear set of outcomes and a methodology to evaluate its progress, we want to ensure that programs respond to the needs of the children of WAHI. Using city wide data sets, we create a yearly spreadsheet that describes vital statistics and other measures of child well being for the community of Washington Heights and compare it to that of New York City as a whole. This helps us to ensure that all our programs respond to a data proven need.

We have an annual community pediatrics forum where we present past year’s accomplishments in the form of oral presentations and posters. All partners are invited to present and it is an opportunity to assess and reflect on a broader scale what we have collectively accomplished as a group and where we can disseminate our work to a broader audience. A guest speaker reflects on our work, talks about a national perspective and energizes the partnership’s work.

Parallel to this process, we have ongoing conversations with partners to ensure that processes used to accomplish goals meet their individual needs and follow the set of principles and methodologies set forth by the CHP. For example, in the Community Pediatrics training program, a Community Liaison was funded to participate in the development, implementation and evaluation of the program. She was given an Officer position at Columbia University and was involved in, and encouraged to play a lead role in all decisions pertaining to that program. It was this community member’s voice, speaking on behalf of the community that called on the partnership to adapt new goals and objectives in order to meet community needs. Through monthly meetings over the years, developing, adapting and measuring the progress of stated goals has become a regularly occurring process between all partners. An annual community partner appreciation breakfast gives us the opportunity to celebrate our successes, honor our key partners and prepare for future initiatives.

8. What outcomes or results have been achieved by your partnership and what evidence can you provide to support these?

The CHP program has been successfully integrated into the structure of the ACN at NYP, has embedded its training program into the pediatric residency training program at Columbia University and has established long term partnerships with the community that go beyond each individual program and particular funding cycles. Both hospital and university support the program financially and in principle and the community sees it as an ongoing resource and vehicle for positive change in the community.

Collectively, since 1995, the partnership programs have reached thousands of local residents. By leveraging both clinical and community-based resources, Community Health Partnership of the Heights has been able to offer a wide range of services, support, and education that has been shown to increase knowledge, affect behavior, and lead to improved clinical outcomes, such as decreased asthma exacerbations, decreased emergency and hospital visits, and fewer missed school days as a result of our programs and services. We have learned from experience that before we can affect clinical outcomes, we often need to understand the community we serve, and especially
the obstacles that many community members face. It is often the case that we must support individuals/families to address these competing obstacles such as complications associated with housing, immigration, and domestic violence before we can begin to address their clinical needs. It is our unique partnership model that enables us to offer a holistic and seamless approach – one that fills gaps and connects residents to the clinical and social resources within their community.

Below are specific outcomes associated with each of the Community Health Partnership of the Heights Programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Key Activities</th>
<th>Annual Key Program Outcomes</th>
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<tbody>
<tr>
<td>CHALK</td>
<td>Social marketing campaigns and events focused on healthy eating and exercise.</td>
<td>Served the community through social marketing campaigns. A coalition of 40 community agencies, leaders and elected officials developed and are disseminating culturally appropriate social marketing messages associated with healthy habits.</td>
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<tr>
<td>HEAL</td>
<td>Provide a training on how to appropriately address health literacy in different health care and community settings.</td>
<td>Served 180 patients’ caregivers, and trained 20 residents, 8 medical students, and 10 volunteers. As a result, 92% of patients’ caregivers were positively receptive to the information offered by volunteers, medical residents, and family support workers.</td>
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<tr>
<td>Health Leads</td>
<td>The Family Help Desk “fills” prescriptions written by CUMC community physicians, connecting patients with key community resources.</td>
<td>Served 126 people, responding to 175 needs.</td>
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<tr>
<td>Healthy Schools Health Families</td>
<td>Identifies and addresses unmet health needs in the school community by partnering with the schools to promote good health practices amongst students.</td>
<td>Served approximately 4500 children across 7 elementary schools and 352 nutrition events yielding 52,277 participant encounters.</td>
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<tr>
<td>Infant Sickle Cell Program</td>
<td>Provides education and support to providers, families, and community partners.</td>
<td>Served 2700 people, educated 600 parents about newborn screening, provided educational materials to 1,500 parents on newborn screening and Sickle Cell and educated 150 providers and 160 NYC DOH nurses.</td>
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<tr>
<td>Lang Youth Medical Program</td>
<td>Six-year science enrichment, mentoring, internship, and college preparatory program for talented ethnic minority youth who aspire to become future scientists and healthcare professionals.</td>
<td>Served 70 children and their families per year. Overall, the first graduates earned over $330,000 in financial aid and scholarship awards. 100% of Lang Youth graduates are enrolled in 4-year colleges.</td>
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<tr>
<td>Reach Out and Read Program</td>
<td>Incorporates early literacy into pediatric primary care for children aged 6 months to 5 years.</td>
<td>An average of 14,175 children per year receive brand new, age-appropriate books, while their parents receive anticipatory guidance. Since the inception of the program in 1997, over 187,000 books have been distributed during well child visits at 51 AAN sites.</td>
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<tr>
<td>Turn2Us</td>
<td>Offer interventions that promote healthy lifestyles, mental wellness and academic support as well as encourages the involvement of parents and children in local community activities.</td>
<td>Served 1460 school-aged children annually through physical and psycho-educational preventive interventions.</td>
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<tr>
<td>WIN for Asthma</td>
<td>Community Health Workers provide culturally appropriate, comprehensive care coordination, education, and support to families of children with poorly controlled asthma.</td>
<td>Served 140 families of children in year-long care coordination program. Amongst program graduates, there was a greater than 50% reduction in emergency department visits and hospitalizations and nearly 100% of participants stated that they feel in control of their child’s asthma.</td>
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<tr>
<td>Training</td>
<td>Train pediatric residents in community health, cultural competency and child advocacy using service learning as the overarching methodology. Offer a special concentration for those interested in community pediatrics.</td>
<td>Served 60 residents per year and offer the concentration to 3 residents per year.</td>
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9. What are the ways in which your partnership builds on each partner’s strengths and balances among partners?

Each of the partners brings to the partnership a unique perspective, experience, knowledge, and set of resources. As stated before, an open dialogue and an honest declaration of goals and self interests, creates a fair and balanced partnership and a framework within which each partner’s strength is evident and incorporated. With this, a conversation about what each partner needs and has to offer and how to balance the power that each partner has becomes the natural next step. For example, when CHALK was formed with the goal of creating an obesity prevention program in the community, it was clear from the outset that members of the community coalition had deep knowledge and experience related to how to engage the community and how to deliver a clear set of actionable messages. A message and logo was created by the coalition and a commitment was made to integrate the message/logo throughout the community.

10. To what do you attribute your success as a partnership?

The existing relationships are built upon a foundation formed 16 years ago, at a time when in this community, such partnerships were unheard of. Together we worked to identify those issues most affecting the community, to mobilize the community, organizations and providers to come together to bring awareness to these issues, and to garner the support necessary to develop those programs and services needed to support those individuals and families in need.

A common sense of purpose, a commitment to the community, a passion for the work that needs to be done, a desire to develop stable, long-standing partnerships, and a personal connection both at the leadership and at the ground level have been key to the success of the partnership. These elements have allowed us to build strong partnerships that survive political and economic changes on every level. Having our primary mission of improving the health and well-being of children in the WAHI community remain unchanged over time speaks to our focus on the work that needs to be done and has allowed us to create and implement successful programs to achieve our goal.

Our program is strengthened by the fact that national guidelines for training, trends in funding and research opportunities have embraced the concept of partnerships as a key element to improve the health of a community, as evidenced by the success of our public health initiatives.

11. What lessons have you learned about community-campus partnerships that you believe are important to share with others?

Building, sustaining and working within a community-campus partnership framework can be one of the most rewarding aspects of one’s work. It ensures that work done is rooted in the reality of the community where the work takes place and it ensures that knowledge generated by the scientific community can be delivered, translated and implemented from “bench to bedside to community”.

Partnership work has to be done by people committed to the process of partnership building and not by those who are solely motivated by results. The work is arduous and time consuming and requires flexibility on both parts in terms of the results that the partnership can accomplish.

One has to be willing to move from one’s own comfort zone and work within a framework that might be foreign to one’s own training. It is work that brings humility and ongoing learning of the “other”. It enriches one’s work
by constantly forcing one to view things from multiple perspectives. As an example, during the monthly reflective exercise, pediatric residents almost always write about the importance of seeing things through the caregiver’s eyes. They always comment on how much they learn when going to a patient’s home and understanding the barriers that caregivers have to face when taking care of an ill child. It becomes their “aha” moment that ultimately helps them to be less judgmental.

12. **Partnerships can lead and inspire transformation at societal, institutional, organizational, and personal levels. How does your partnership exemplify transformation?**

The partnership truly created a paradigm shift for the institutions that are part of this program. Working in partnership with the community changed from being viewed as something that was required to being viewed as an enormous asset in order to address the true needs of the population. It forced doctors to understand broader determinants of health and see firsthand how a partnership can bring change to individual patients and groups as a whole. It also encouraged program staff to understand the importance of stepping outside of their comfort zone and to explore the community through the knowledge, experience and expertise that our community partners offer.

The partnership allowed the community to see a true commitment from the institutions to address the health of the community. By sustaining the program in the long-term it dispelled the notion that the program was solely created to satisfy short term needs of the university and hospital. Today, a dialogue exists between all partners that is honest and productive.

13. **By what process did you decide to apply for the CCPH award and draft this nomination?**

During our monthly staff and partners meeting we determined that this application would enable us to both showcase our successful program and to articulate our program in a way that we had never done before. We knew that the process of preparing our application would be meaningful to all partners and enable us to highlight the areas that could be further improved in order to strengthen our partnership and to celebrate our accomplishments to date.
Community Pediatrics
CUMC/ACN NYP/WH Community

Education
Service Learning

Service
Public Health Initiatives

Research
CBPR/Community Engaged Scholarships

- Students
- Residents
- Faculty
- Volunteers

- Obesity Prevention:
  - CHALK, HSHF
  - Literacy:
    - ROR, HEAL
  - Mental Health Prev:
    - Turn2
  - Asthma:
    - WIN
  - Pipeline program:
    - Lang

- Literacy: Health Literacy and ROR
  - Obesity Prevention
    - Asthma
    - Best Beginnings
  - CHW
References:


Community-Campus Partnerships for Health  
c/o UW Box 354809  
Seattle, WA 98195-4809  

To Whom It May Concern:  

I have been fortunate to collaborate with the Community Pediatrics of the Heights (CPH) Program and can attest to its worth and commitment to the community of Northern Manhattan; I urge your favorable consideration of its application for the Community-Campus Partnerships for Health Award for 2011. I believe CPH deserves this recognition because of the positive benefits its community-academic partnerships have brought to our neighborhood.  

As the Councilmember representing parts of Washington Heights, Inwood and West Harlem, as the father of a pediatrician and as a life-long community resident, I am well aware of the child health disparities that exist in our neighborhoods. The need to create strong partnerships between health care providers and community agencies to address these disparities is both acute and ongoing.  

I have witnessed the growth of CPH and its steadfast commitment to the community of Washington Heights over the past seven years. I have also observed the impact this program has had on children, their caregivers, and the entire community. I have seen how generations of doctors have been trained in community medicine and have been inspired to do advocacy work in community settings. I have participated in annual events in which these partnerships are celebrated and always enjoyed seeing the fruits of the community-academic partnerships established.  

I know that receiving this award will bring not only a well deserved honor but will also help to ensure that the Community Pediatrics in the Heights Program is able to continue building upon its successful initiatives, and thus continue improving the health and well-being of the children and families in Upper Manhattan.  

In Unity,  

Robert Jackson
January 4, 2012

Community-Campus Partnerships for Health
c/o UW Box 354809
Seattle, WA 98195-4809

Re: CCPH Annual Award

To whom it may concern:

I am writing to express my strong support for the Community Pediatrics of the Heights Program (CPH) in their application for the Community-Campus Partnerships for Health 2011 award. The award recognizes exemplary community-academic partnerships that have an impact on the health of a community. I have been fortunate to collaborate with the CPH program and can attest to its worth and commitment to the community of Northern Manhattan.

As the Executive Director of Community League of the Heights, I am acutely aware of the child health disparities that exist in our community and the need to create strong partnerships between health care providers and community agencies to address these disparities.

I have witnessed the growth of the CPH program and its steadfast commitment to the betterment of the Washington Heights community over the past seven years, especially through the impact this program has had on children, their caregivers, and the entire community. I have worked closely with the WIN for Asthma program and have seen the positive effect this program has had on children with poorly controlled asthma and their families. I am excited to participate in expanding this program to serve adults with poorly controlled diabetes, and I expect similarly positive and constructive results. I have participated in annual events in which the partnerships are celebrated and always enjoyed seeing the fruits of the community-academic partnerships established.

I fully support the nomination for this important award and know that receiving this award will mean that the Community Pediatrics in the Heights Program will be able to build upon their successful initiatives and continue to improve the health and well being of the children and families in the Washington Heights community.

Sincerely,

Yvonne Stennett
Executive Director
Community League of the Heights
Memorandum of Understanding

The following Memorandum of Understanding is an expression of partnership between Healthy Schools Healthy Families (HSHF) and Public School 210 which brings together the unique strengths of each organization. HSHF pledges to work with Public School 210 to implement a comprehensive health and wellness program for the students, staff and families at PS/IS 210, working under the direction of the principal. Our goal is to promote healthy lifestyles and mental well-being through community partnerships, identifying and addressing unmet health needs in the entire school community using a school-based decision making model. All HSHF initiatives are only possible through the collaboration of DOE school staff, HSHF staff and the staff of the HSHF partners. HSHF initiatives include program evaluation; all aspects of HSHF, including the results of our evaluation efforts, will be reviewed with the principal.

In accordance to this arrangement, HSHF invite Public School 210 to partner with our organizations for the period August 2011 to July 2012. This arrangement may be amended as mutually agreed upon, or terminated by HSHF upon thirty days notice in writing. If PS/IS 210 wishes to terminate program, written notification must be provided 60 days prior to requested termination date.

PS/IS 210 shall not make use of the HSHF or NewYork-Presbyterian Hospital (NYPH) name, logo, symbol, image, or any trademark, trade name or trade style without the prior written consent of HSHF or NYPH.

HSHF is funded by NewYork-Presbyterian Hospital (NYPH), Affinity Health Plan, as well as by several grants. This funding is contingent upon meeting outcomes such as number of events held, number of people attending events, and number of minutes of student physical activity documented. HSHF has identified criteria that are imperative in helping schools meet the outcomes required by our funders:

Administrative Support and Professional Development:

- Standing Fitness and Nutrition Committee (FNC) dates, ensuring that these monthly meetings do not conflict with other staff obligations and mandatory meetings.
- Assigning a Principal or Assistant Principal liaison to FNC. We have found that in order for the FNC to be effective we need this administrator to attend 80% of FNC meetings or meet with the Program Coordinator separately to get updates on the FNC’s progress.
- Allowing HSHF PD times for wellness trainings for each grade level to take place during September or October 2011, and allowing separate HSHF in-class physical activity demonstrations after the PD takes place. This can ensure that students increase physical activity time in order to get closer to the DOE requirement of 120 minutes per week.
- Allotting 20 min during a mandatory Staff PD for HSHF staff to introduce the HSHF program to the entire staff before October 31, 2012.
- Publicizing Principal’s and Assistant Principals’ support of the healthy snack policy by signing Healthy Snack Pledge Poster and hanging it in visible location.

In our experience schools that utilize these success factors are more likely to meet the outcomes required by our funders.

In the spirit of partnership, we outline the process needed to achieve these outcomes.

Physical Activity Outcomes:

- Gym: Each class (grades K and above) needs to have one period per week of Gym supplied either by the school or by HSHF vendors. We strongly suggest that this period not be taken away as punishment for poor student behavior.
• In-Class: By the end of the 2011-2012 school year, we aim to have your classes meet the following amount of physical activity per week:
  o PreK-1st: 25 min/week average
  o 2-3rd: 7 min/week average
  o 4-5th: 15 min/week average
• Recess: We need to have Active recess logged by school aides daily. In order to increase minutes of physical activity, students should go outdoors for recess according to schedule, unless otherwise specified by Chancellors Regulations or announcements (weather is below 32° F).

Nutrition Outcomes:

• Each school must have 1 Student Nutrition Fairs with 90% of classes attending. Space needs to be reserved for holding three classes at a time. We strongly suggest that withholding participation in Nutrition Fairs not be used as punishment.
• Support the healthy snack policy by having at least one non-food fundraiser or healthy snack sale per year.

In order to accomplish the above outcomes, HSHF agrees to contribute to the goals of this collaborative by:

• Providing a $5000 minimum school-based budget to be allocated to health and wellness programming as determined by the Fitness and Nutrition Committee. Examples of these expenditures include purchasing healthy snack items for student snack promotions, periodically serving refreshments when providing long trainings to school staff or parents, and purchasing physical activity equipment (balls, hula hoops, jump ropes, pedometers etc.) in effort to improve community health.
• Designating and staffing 1.22 FTE for program support, implementation and development specifically at PS/IS 210. The breakdown of staffing is as follows: 0.5 FTE Program Coordinator, 0.5 FTE Family Care Worker and 0.15 FTE Physical Activity Coordinator, and 0.07 FTE Nutritionist.
• Chairing the Fitness and Nutrition Committee
• Implementing a social marketing campaign that provides health-themed bulletin boards, staff newsletters, classroom lesson aides and morning announcements
• Hosting a minimum of one nutrition fair per year
• Hosting other staff, student and/or parent health and wellness programs that support the HSHF mission as determined by the Fitness and Nutrition Committee
• Providing physical activity resources and programming to compliment physical education classes.

PS/IS 210 agrees to contribute to the achieving the outcomes of this collaborative by:

• Having a designated office space with internet access for HSHF staff
• Providing access to a principal or someone with authority to make decisions on the principals behalf
• Collaborate with planning HSHF events by securing dates and/or space for programming and evaluation initiatives to occur.
• Trying to follow the Administrative Support and Professional Development success factors.

Principal, PS/IS 210

Vice President, Ambulatory Care

NewYork-Presbyterian Hospital

Date: __________  Date: __________
1) CHALK (Choosing Healthy & Active Lifestyles for Kids) Center for Best Practices

Presentations:


Publications:

http://www.chalkcenter.org (updated daily for news and events, as well as links to various resources and information on the Vive tu Vida/Live your Life Campaign)
Healthy Habit Material, 1 page educational handout on each of 10 Healthy Habits of Kids
Vive tu Vida/Live your Life Guide to Healthy Living (projected Winter, 2011)
Food Guidelines for Pediatric Events at NewYork-Presbyterian (March, 2011)
Guide to Healthier Shopping at Discount Stores (January 2011)
Vive tu Vida/Live your Life Message Kit (March, 2010)

2) Healthy Schools Healthy Families Program (HSHF)

Presentations:

Media:


**Awards:**
Excellence In School Wellness Awards from the Strategic Alliance for Health, June 2011. (Three Gold awards, two silvers and one bronze award given to 6/7 HSHF schools)
Creative Nutrition Education Award for the social marketing campaign materials by the American Dietetic Association's Pediatric Nutrition Practice Group, May 2011

**3) Health Education & Adult Literacy (HEAL) Program**

**Presentations:**

**Academic publications:**

**Webinar:**
“Culturally Effective Pediatric Care in a Community-based Health Program”,
http://www.aap.org/commpeps/htpcp/default.htm
Cora-Bramble D, Meyer D. Healthy Tomorrow Partnership for Children Program, American Academy of Pediatrics, April 2011

**Awards:**
Best poster. NACHRI Annual Leadership, 2011.

**4) Reach Out and Read (ROR)**

**Presentations:**
Noble K. "Improving the Use of Reach out and Read in a Pediatric Residency Program”. Advocacy Training Initiative Conference, May 2nd, 2009, Baltimore, MD.

**Media:**
Radio Interview regarding Reach Out and Read on August 9, 2008, by Elizabeth Rodriguez at Univision Radio, La Kalle 105.9
Reach Out and Read at New York Presbyterian Columbia University Medical Centre.
Article: www.DNAinfo.com “Waiting Rooms Become Reading Rooms on World Read Aloud Day”, March 10, 20

**5) WIN (Washington Heights & Inwood Network) for Asthma Program**

**Presentations:**


Academic Publications:


Promotion Practice (In Press).

**Media:**

**Awards:**
2011 New York Presbyterian Manager of the Year Award.
2010 Environmental Leadership Award in Asthma Management. Environmental Protection Agency (EPA), June 2010.
2008 We Put Patients First, Team Achievement Award. New York Presbyterian Hospital, 2009.

6) Turn2 Us

**Presentations:**
Montanez E, Battino B. “It takes a village to raise a child: Learn how to incorporate preventive mental health interventions through partnerships that foster academic and social achievement in urban elementary schools” Oral Presentation. National Association Social Workers-Florida Chapter-10 Conference, June 2010, Orlando, FL.
Montanez E, Battino B. “Strengths in Partnership: Implementing a School-wide Comprehensive Wellness Program through a Systems of Care Approach” Oral Presentation. Center for School Mental Health Action and Analysis, October 2010, Albuquerque, NM.
Montanez E, Battino B. “The Utilization of Non-conventional & Culturally Applicable Mental Health Interventions in order to Promote Health Literacy in an Urban Elementary School” Oral Presentation. The 81st Annual School Health Conference of the American School Health Association, July 2007, Honolulu, HI.
Awards:
2010 MVP Award. Turn 2 Foundation.
2010 Distinguished Service Award, Duke Ellington School- PS4
2009 We Put Patients First Team Achievement Award, New York Presbyterian Hospital
2005 Community Service Award, The Parent Resource Center Program of Washington Heights Inwood Coalition Inc.
2004 Community Service Award. The Audubon School-PS 128
2002 Community Service Award. Public School 128

7) Lang Youth Medical Program
Presentations:

Awards:
Association of Hispanic Healthcare Executives (AHHE): Future Leaders in Science Award, 2009

Media:
Manhattan Times (October 2010). Annual Lang Youth Medical Program White Coat Ceremony, by Dr. Marina Catallozzi & Monica Hidalgo.

Tiempo: (Sunday, August 22, 2010). WABC.
Your Total Health / WHO-TV / NBC Iowa (March 2008). Lang Scholar Program at Morgan Stanley Children’s Hospital of NewYork-Presbyterian, by Dr. Saadi Ghatan.
Daily News / Manhattan Times / WABC-TV / Russian TV and 7online.com (January 2008). Lang Youth Scholars Test Drive New Surgical Robot at NYP/Columbia, by Dr. Ketan Badni.
NBC Your Total Health (August 2007). MSCHONY Lang Youth Medical Scholars Program, by Dr. Saadi Ghatan.
NBC Today Show (June 2006). Profile on Lang Youth Program, by Dr. Saadi Ghatan.
NY 1 (December 2003). Lang Youth Medical Scholarship Program based at Morgan Stanley Children’s Hospital of NewYork-Presbyterian, by Dr. Mary McCord & Erin Roy.
8) HEALTH LEADS
Manuscripts: extensive manuscripts/PR and marketing done by the national organization. No CUMC faculty has authorship on it.

Community Pediatrics Training Program

Presentations:
Meyer D, Pearlstein O, Calero-Breckheimer A, Batista M, Graham M. “Viewing the Community from an Asset Perspective: Changing Medical Students’ Perceptions and Stereotypes”. Research in Medical Education, AAMC November 2004, Boston MA.

Manuscripts:

Chapter:

Awards:
“Partnerships Make a Difference”, Center for Community Health Partnerships, Columbia University, 2006.