

**Q1** Please provide your contact information below.

Name	<b>Kathleen Hopkins</b>
Title and Organization	<b>Vice President for Community Services, Family Health Centers of NYU Langone</b>
Address	<b>6025 6th Avenue</b>
City/Town	<b>Brooklyn</b>
State/Province	<b>NY</b>
ZIP/Postal Code	<b>11220</b>
Email Address	<b>kathleen.hopkins@nyumc.org</b>
Phone Number	<b>7186307266</b>

---

**Q2** Please describe your company or organizations overall goals and mission.

The Family Health Centers at NYU Langone's mission is to improve the health of underserved communities by delivering high-quality, culturally-competent health care and human services. Our eight family health centers, 34 school-based health centers, and over 20 community-based programs serve 110,000 community residents a year. Central to this mission is our work to reduce barriers and address social determinants of health including economic stability, quality education, adequate housing, safety, and civic participation. As such, Family Health Centers' Department of Community Based Programs offers an extensive continuum of family strengthening and community development programs to address the broader needs of the community. Services include adult education; family literacy; youth development; workforce development; case management and supportive services; mental health services; early childhood and developmental centers; and community service opportunities. The Family Health Centers has decades of experience spearheading successful collaborative efforts to address health disparities and improve life outcomes for the community. Family Health Centers have been identified by HHS-HRSA as a model for 100% Access and Zero Health Disparities and is a NCQA recognized Level 3 Patient Centered Medical Home, supporting more than 600,000 annual patient visits in underserved communities around New York City.

---

**Q3** Please indicate which category your organization falls under. **Health Care Provider**

---

**Q4** Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

Research shows that health and education are linked: healthier children are more engaged and a better education yields greater health outcomes over a lifetime. Children spend a considerable amount of time in schools, and, therefore, schools can play an important role in

shaping children's health knowledge, attitudes, behaviors, and health outcomes. The Full Community School (aka Community Learning Centers) approach aims to have an impact on the entire population within the community, not just the students enrolled in the school; therefore they provide an opportunity to improve overall community health. A community school is both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, youth development, family support, health and social services and community development leads to improved student learning, stronger families and healthier communities. Using public schools as hubs, community schools bring together many partners to offer a range of support and opportunities to children, youth, families and communities—before, during and after school, and on weekends. The Community Schools Model brings together under one roof essential academic, health, parent engagement and social services. By strategically placing these supports within a public school, a trusted community gathering place, the Community School can serve as a hub for both student and family, and thereby has an ability to influence the social determinants of area residents.

1. Potential ROI: The Children's Aid Society and The Finance Project published a landmark case study in 2013 showing the Community Schools model offers significant social return on investment. It also developed a companion guide to enable community schools around the country to demonstrate a significant social return on investment (SROI) for this proven education reform strategy. According to a 2011 report by the Coalition for Community Schools, a community schools strategy "provides a much needed and effective way to organize fragmented services (health, education and social) and to integrate funding streams, permitting scarce dollars to generate a greater impact. Students and families gain ease of access to services when they need them, and more expensive crisis intervention is avoided." Another report supported by Coalition for Community Schools and Atlantic Philanthropies in 2010 shows that for every dollar spent by a school system to implement a community schools strategy leverages at least three dollars in federal, state, and local funding and in philanthropic and community partner resources.
2. Scalability: The Community Schools Model is well established throughout New York State and the nation, and there are many examples to follow of successful scale-up efforts of the Community Schools model both vertically within a network of schools from prekindergarten through grade 12 in a single geographic area and horizontally across one or more school districts. The Coalition for Community Schools 2011 report "Scaling Up School Community Partnerships," provides a framework for scalability.
3. Feasibility: Both New York State and New York City are leaders in the Community School Movement. Community-based health providers in New York currently have an unprecedented amount of resources available from the Department of Education to help build collaborative partnerships that will address social determinants of health within the framework of the Community Schools model. Both public and private streams of funding exist to support the development of a Community Schools model partnership between school and health centers including funding from the New York State Education Department, New York City Department of Education, the United Federation of Teachers, and Children's Aid Society. NYC Mayor Bill De Blasio established 128 new Community Schools over the past four years and in 2017 revealed his Community Schools Strategic Plan, to grow the Community Schools movement over the next several years. In the plan, the administration details its systemic approach to build school and Community Based Organizations' capacity and plans to work with and across various types of resources and infrastructures, including health care providers, to ensure a successful launch and implementation. In 2017 alone, the Family Health Centers at NYU Langone expanded its School Based Health Centers in four schools that serve as Full Community Schools. In one of these new locations, FHC was able to open up the very first Vision Center in a school setting in all of NYS.
4. Evidence-based to support innovation: There is a great amount of evidence to support the Community Schools model intervention. The Learning Policy Institute concludes from a 2017 review that evidence supports well-implemented community schools being included as part of targeted and comprehensive interventions in high-poverty schools. This evidence also supports community schools as an approach appropriate for broader use.
5. Relevance to Medicaid Population: The targeted growth of Full Community Schools in NYS is in those communities that are low- income and underserved. The Community Schools model encourages providers of mental health, health care, out-of-school time and school support initiatives to come together to craft new efforts that respond to the social and economic needs of children and families in their communities.
6. Speed to market (how quickly this strategy be launched) – There is already an inventory of Community Schools that stand in a state of readiness to partner with health providers to address social determinants of health within the community school model framework.

There is also an existing infrastructure of support via the Coalition of Community Schools, Children's Aid Society and other supportive organizations that provide technical assistance to agencies who wish to implement the model within their community. A potential challenge to be addressed, however, includes the development of data sharing protocols and infrastructure that support the information integration needed to most effectively coordinate services and evaluate impact.

---

**Q5** Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

The Family Health Centers at NYU Langone has worked with Public Schools in New York City to implement the Community Schools model. Both Community School models aims to improve students' academic performance, and to engage students, teachers, family and community members in creating a positive culture that transforms the school site into a thriving hub of supports and activities that meet the needs of families in low-income neighborhoods. Two examples of these partnerships are highlighted below. The PS 503-506 Full Community Schools project in Sunset Park, Brooklyn is a collaboration between Family Health Centers at NYU Langone, two co-located public elementary schools and one partner community-based agency, Center for Family Life (CFL). Designed collaboratively by school and partner agency staff, the comprehensive model brings health services, adult and family education, after-school programming, access to family support services and family nutrition/recreational programming under one roof. This model provides a powerful and integrated response to student and community needs at this large, under-resourced elementary school site where many of its 1,800 students underperform academically compared to their peers district- and citywide. The project was implemented in 2013 and has continued to grow and adapt to changing needs. In addition to offering support for families, the program serves as a year-round Neighborhood Center, offering cultural, educational, and recreational activities – indoors and outdoors – for youth and their families. Special community events provide participants the opportunity to engage in inter-generational, civic activities. The PS188 Community Learning Center is a full community project in the Coney Island section of Brooklyn and is a partnership with the United Federation of Teachers, the Family Health Centers at NYU Langone and OneSight Foundation. As part of the CLS program, a full-time community school director secures and manages services in six areas: health and wellness, educator supports, academic supports, expanded learning time, parent supports and community outreach. At PS 188, in addition to the primary care, dental and mental health services that are being offered at FHC's School Based Health Center, FHC, the UFT and OneSight partnered to construct a state-of-the art vision center offering comprehensive eye exams, vision care and glasses to students from PS 188 and neighboring residents. Of the students screened for visions services, over 50% needed follow-up care by an optometrist.

**Q6** Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

- Education,
- Social and Community Context,
- Health and Health Care,
- Neighborhood and Environment,
- Economic Stability

---

**Q7** I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

**I consent to have my innovation shared**

