Improving public health together
Reforming health care is a critical priority that has gained momentum at every level of government, in the private sector, and throughout communities across the U.S. Changes in the quality and cost of health care will require a new approach to health that shifts the focus from treating disease to a comprehensive approach to health promotion and disease prevention. What we need is an environment that makes it easier for all citizens to be and stay healthy.

Health departments play a vital role in keeping citizens healthy and in preventing illness and death, particularly in a city as large, diverse, and densely populated as New York. With two-thirds of the nation’s population living in the top 100 metropolitan areas, how New York City and other big cities address their health challenges can resonate nationally and globally. Since its inception, the New York City Department of Health and Mental Hygiene (DOHMH) has played a leading role in tackling pressing public health issues and today continues pioneering programs and policies that aim to reduce health disparities while creating communities with access to timely and quality health care, healthy food and opportunities for physical activity, and a ready public health infrastructure in the event of a city-wide emergency.

Public-private partnerships at all levels of our society will be needed to plan and support a successful transformation of our nation’s health care system. The Fund for Public Health in New York (FPHNY) is a non-profit organization that partners with the NYC Health Department to support innovative ideas and expand programs that work. This report highlights some cutting-edge initiatives that embody the spirit of our partnership and demonstrate the power of public-private collaboration to keep New York City one of the healthiest cities in the country.

Together, we can do more.
Dear Friends and Colleagues,

The New York City Health Department has one of the most illustrious histories of any health department in the world. It is a history defined by rapid response to epidemics, a capacity to develop and implement innovative approaches to address critical public health challenges, and an emphasis on data-driven priority and goal setting.

Over the past seven years, the NYC Health Department has made progress toward making New York City healthier. New Yorkers are living longer, healthier lives than ever before. The partnership between the NYC Health Department and the Fund for Public Health in New York has been a key factor in this success. Together, these organizations have pioneered new approaches to persistent public health challenges and rapidly implemented programs that have improved the health of New Yorkers by identifying, testing and expanding effective ways to prevent illness and death.

This partnership with the Fund for Public Health in New York is a testament to the power and necessity of public-private initiatives to address the most critical public health issues of our time. Through collaboration with FPHNY, the Health Department has successfully leveraged funding, commitment, and participation to help move the agenda forward faster in many critical areas.

It has been a unique honor and privilege to serve as New York City’s Health Commissioner under Mayor Bloomberg. New York City sets the standard for public health service; its programs and innovations are national and international models. I will continue to look to New York City for creativity and best practices in the years ahead.

Sincerely,

Thomas R. Frieden, MD, MPH
An interview with Thomas A. Farley, MD, MPH
Commissioner, NYC Department of Health and Mental Hygiene

How did you become interested in public health?
I went into medicine to save lives and reduce human suffering. Then I went into public health because I thought I could do that on a much larger scale than I could seeing patients one at a time.

What do you see as the role of a municipal health department?
Municipal health departments have direct, first-line responsibility for protecting the health of their cities’ residents. Because they are closer to the population they serve than state health departments or federal agencies, municipal health departments are in a much better position to act effectively. Unfortunately, many are still focused mainly on diseases that were the leading killers 150 years ago. The New York City Department of Health and Mental Hygiene is setting the standard for how to address today’s leading health problems.

How does public health differ from health care?
In two ways. First, in public health we focus on entire populations. That leads to qualitatively different approaches to health than focusing on individuals. As an example, our approach to smoking includes taxes, smoke-free air rules, and counter-advertising, while doctors address smoking by counseling smokers. Second, we focus on prevention rather than cure. Many of today’s leading killers often are not curable, but they can be easily prevented.

What are the biggest health challenges facing New Yorkers today?
The leading causes of death are chronic diseases — such as heart disease, diabetes, and cancer — and injuries, including suicide, homicide, and those that are unintentional. Underlying these diseases and injuries are the behaviors that lead to them, particularly smoking, unhealthy diet, physical inactivity, excess alcohol consumption, risky sexual behavior, and drug use. These behaviors are influenced by the environment in which we live, from the design of our streets to the products in our stores and the images we see on video screens. To the extent that we can shape the environment to make it easier for people to behave in a healthy way, we can make great strides in improving health and preventing disease.

What do you hope to accomplish as Health Commissioner?
I would like to bring about measurable declines in rates of the leading killers of our time, while also making innovations in the way the Health Department manages our traditional responsibilities, from restaurant inspections to childhood immunizations. This health department, working with many other organizations, has been doing that very well in the last eight years, and in many ways we are leading the nation in innovative approaches to public health. I want to continue that success.
An interview with Sara W. Gardner, MPH
Executive Director, Fund for Public Health in New York

What is the role of public-private partnerships in health?
Public-private partnerships are critical for addressing our city’s most challenging public health problems. Improving the health of all our citizens requires change across almost every sector of society, from how we organize and manage health care to how we plan and build our cities, grow our food, and educate our children. We have the capacity to improve our nation’s health but it requires commitment and participation from everyone.

Why is working with the private sector critical to improving health?
The NYC Department of Health and Mental Hygiene is one of the most effective public health agencies in the country. Bold and visionary leadership has brought New York City to the forefront in the fight against some of our most stubborn and complex public health challenges. The ability of the Fund for Public Health to leverage private sector partnership has helped the Health Department pilot new program ideas and expand successful projects to move the health agenda forward in NYC.

How does the Fund for Public Health support the work of the Health Department?
The Fund for Public Health was created to help the Health Department achieve greater reach and impact. We partner to support innovation, build and grow initiatives that work, and manage private sector resources to guarantee efficient and accountable implementation of grant-funded projects. Since our organization was launched in 2004, we have partnered with DOHMH to raise and administer over $80 million in grant funding.

What is your vision for the future of the Fund for Public Health?
We are in our fifth year of operations and have come a long way. Our greatest strength lies in our unique partnership with the Health Department. This is something I want to build upon as we move forward — the more we can demonstrate the value of public-private partnerships in improving health, the more these types of partnerships will grow. We want to influence this dialogue.

How can the private sector get involved?
There are many wonderful examples of local public health initiatives led, initiated, or supported by the private sector. By supporting promising initiatives, advocating for policy change, and partnering with local communities and individuals to take action, the private sector can help shape the public health agenda in New York City. With more partners, there is much more we can do to improve the health of the citizens of this great city. For information on how to partner with the Fund for Public Health in New York go to www.fphny.org.
Primary care providers and health information technology working together

Marguerite Gebhardt is the President/CEO of Project Samaritan Health Services, one of the first Federally Qualified Community Health Centers to work with the Primary Care Information Project (PCIP) on improving practice management and health information technology. Ms. Gebhardt is pictured here at right with Dr. Kaniz Begum, a physician at Project Samaritan.

How did you get involved with PCIP?
I have been in health care for over 40 years and have never before worked so closely with a health department. PCIP helped us get started using electronic health records (EHRs); they provided training for our staff, built an EHR that supports prevention, and worked with us to improve our business systems. If we hadn’t received the start-up support from PCIP, we would definitely not be where we are right now.

What has your work with PCIP enabled your organization to do?
PCIP provided significant support that not only helped us get the system up and running, but also helped us learn how to use our Take Care New York EHR to improve our office systems and focus on prevention. We can now run automatic reports that list all patients in need of flu shots and we can notify them all at one time; we could never have done that with paper charts.

How has this work been received by your doctors and patients?
When we shifted to an EHR, one of our long-time physicians who had no computer skills said he was ready to retire rather than adjust to a new system. He became one of the biggest proponents of EHRs and overall our doctors are now very positive about this change. The benefits have been felt by both doctors and patients. Some patients even look at their electronic record now with their provider.

The Primary Care Information Project (PCIP) is the country’s largest regional electronic health record (EHR) extension project. PCIP has introduced innovative, prevention-oriented EHRs to over 1,200 primary care providers in NYC’s neediest areas, not only providing technical assistance and training to staff, but also helping providers achieve meaningful use of their EHR.

“By giving providers immediate access to a patient’s health record, allowing them to track vaccinations and screenings, New York City’s very own Primary Care Information Project (PCIP) has helped to make prevention an essential feature of every doctor’s visit — setting the national standard for the meaningful use of electronic health records and improving the overall quality of medical care.”

– Michael R. Bloomberg, Mayor, City of New York
PCIP has enrolled more than 50% of the small primary care practices, which serve more than 1 million patients, in the city’s most underserved communities: South Bronx, Central Brooklyn, and East and Central Harlem.

If 500 of NYC’s providers delivered recommended cardiovascular preventive care supported by the Take Care New York EHR 80% of the time, over the next decade 5,000 premature deaths could be avoided.
Hospitals and government working together

George Foltin, MD, FAAP, FACEP, pictured here, is the Director of the Center for Pediatric Emergency Medicine at Bellevue Hospital and NYU Langone Medical Center and an Associate Professor of Pediatrics and Emergency Medicine at the New York University School of Medicine. Dr. Foltin has worked with the Healthcare Emergency Preparedness Program (HEPP) for more than six years.

How would you summarize New York City’s achievements in health care emergency preparedness?

New York City is a national leader in hospital preparedness for disasters. HEPP has done a terrific job supporting hospital programs and producing training materials that focus on chemical, biological, radiologic, explosive, and coastal storm emergencies. In conjunction with the city’s pediatric medical community, the Health Department has established best practices for hospital treatment of pediatric victims of disasters.

How do you work with the NYC Health Department?

I have collaborated with HEPP in training hospital staff who do not routinely care for critically injured children.

What does pediatric preparedness mean?

To care for children in a disaster, it’s not enough to think only about the emergency and the hospital’s role. Children are more vulnerable than adults and many children, along with their parents and caregivers, will need physical or emotional help in an emergency situation.

What has been working in NYC?

HEPP has stressed the need for partnership. The health care community in New York City collaborates well with federal, state, and city agencies, including fire, police, and emergency management. We have set an example for the rest of the country of how to develop public-private partnerships to ensure that hospitals and public entities work together effectively.

“The NYC Health Department created HEPP in 2002 to ensure that NYC is prepared to handle the health needs of its population in the event of a natural or man-made disaster. The program was created in the aftermath of the World Trade Center disaster and the anthrax investigations to prepare health care facilities for large-scale emergency response.”

– Kenneth E. Raske, President, Greater New York Hospital Association
Since September 11, 2001, the NYC Health Department has conducted more than 350 drills and exercises to prepare our health care system for an emergency.

In NYC, over 6,000 health care system employees have attended trainings and conferences on emergency preparedness.
Disparities in screening based on race have virtually disappeared — the number of Blacks getting colonoscopies is up 83% and the number of Hispanics getting colonoscopies is up 66%

For New Yorkers older than age 50, the city reached its Take Care New York colon cancer screening goal of 60% two years early and set a new goal — 80%
Patients and advocates working together

Paulina Alviz (second from left) has been a Patient Navigator for five years. She started with the flagship program at Lincoln Hospital in the Bronx and then moved to Elmhurst Hospital in Queens, where she has been for three years. After only one year, the program at Elmhurst saw a 1.5 fold increase in the number of colonoscopies, resulting in more cancers detected earlier and more lives saved.

How would you describe what you do as a Patient Navigator?

I educate patients, explaining in simple language what a colonoscopy is, why it's important, and I guide them through the hospital so they don't get lost in the system. I also facilitate communication and coordination among doctors, nurses, administrators, and patients. We make things easier for everybody.

What difference has the Patient Navigator Program made?

The program makes a big difference in terms of the patient’s experience and is resulting in a significant increase in screening colonoscopies. Many patients speak little or no English and many don't have anyone to escort them to the hospital. Some live alone or in shelters. Getting patients to be screened when they are not sick is difficult. Having someone to talk to the patient, understand their point of view, address their fears and concerns, and help them understand why they should get screened results in more patients getting screened, diagnosed, and treated earlier.

Why is it hard for patients to navigate their care alone?

Patients often get lost in the hospital because the departments they have to visit are far apart. They also don’t know the system: what information to provide and when. It’s easy for patients leaving the medical clinic to get confused. They leave with a stack of papers, multiple referrals, lab tests, and prescriptions, all of which together can be overwhelming. It is a big help when patients work with a navigator because the navigator takes the time to explain everything to the patient.

“The Patient Navigator Program is a cornerstone of cancer control in NYC and its success with increasing colon cancer screening is a remarkable achievement of the Health Department and its partner, the Citywide Colon Cancer Control Coalition (C5), demonstrating a unique capacity to address top priorities with innovative approaches.”

– Sidney J. Winawer, MD, Paul Sherlock Chair, Memorial Sloan-Kettering Cancer Center

The Patient Navigator Program was launched by the NYC Health Department in 2003 to increase the number of people receiving colonoscopies for colon cancer screening and early, life-saving treatment. Over the last six years, the program has expanded to 14 sites and colonoscopy screening rates have increased 48% across the city.
Nurses and new parents working together

Carol Coleman, RN (far right), has been a nurse with the Nurse-Family Partnership (NFP) in Queens for six years. She makes regular visits to Noreen Sanderson and her son Kamali (pictured here), and helped Noreen receive a scholarship to become a Medical Assistant.

Why did you become a nurse with NFP in NYC?
I was a school nurse and I remember reading an article by the program founder, Dr. David Olds, and I knew right then that I wanted to work with moms and babies to empower young women in the community.

Why do you think the program works?
The program offers clients an opportunity to learn strong parenting skills and strategies to deal with the challenges of parenting. As their nurse, we become a consistent presence in their lives at a significant time when many lack strong role models and valid information. We become like family.

What are some of the challenges families face?
Many families are in crisis, and money and housing are big challenges for them. Many teens are not supported in their choice to breastfeed and receive little education about caring for their babies while at the hospital.

Why is this program important?
Basic skills are necessary to ensure a healthy pregnancy and baby but the lessons we teach clients are long-term and last beyond that visit or that pregnancy. This program teaches skills to make life changes.

“The Nurse-Family Partnership (NFP) is a national nurse home visiting program designed to help high-risk, first-time mothers from low income neighborhoods take better care of themselves and their babies. The NYC Health Department launched the program in Queens in 2003 and has since expanded to nine sites throughout the city. The Bloomberg Administration identified the program as a key feature of NYC’s agenda to combat poverty.

“If it weren’t for NFP, I wouldn’t be in school and I wouldn’t be at work. I’m on the honor roll at school and on a path to a good career. NFP has helped me achieve my goals and is helping me build a better, healthier future for my family.”

– Noreen Sanderson
New York City’s Nurse-Family Partnership program has demonstrated early success in areas such as breastfeeding, where 89% of clients initiated breastfeeding compared to 74% nationally.

Nurses are the backbone of the Nurse-Family Partnership program and in NYC there are over 100 nurses helping first time parents in need of support — the program has served 3,605 families to date.
Epi Scholars have already contributed significantly to health disparities research: 88% plan to submit their research papers to peer-reviewed journals.

63% of Epi Scholars presented the findings from their work at the NYC Health Department at national and international public health conferences.
Mentors and students working together

HaeNa Waechter, MPH (center), pictured here with mentors Mary Huynh, PhD and Steven Stellman, PhD, MPH, was an Epi Scholar in 2008. In her research HaeNa used data from the World Trade Center Health Registry, the largest national effort to monitor the health of persons over time who were exposed to a large-scale disaster, to examine the disparity between socioeconomic status and mental health.

What was your research project in the Epi Scholars Program?
I analyzed data from the World Trade Center Health Registry and found greater post-traumatic stress disorder after 9/11 in people with low education and income levels. Understanding how post-traumatic stress disorder can affect different populations helps the Health Department and health care providers develop more effective programs to assist people struggling with mental health problems in the aftermath of September 11th, particularly those whose voices are not always heard.

How has this experience influenced your career path?
The experience allowed me to work in a health department and to see firsthand how good data are critical in the design of large-scale public health initiatives. It definitely set me on a career path in epidemiology and at a health department, as opposed to an academic research setting. I feel my research at the NYC Health Department can more directly help people.

How does the program influence health disparities research?
The program helps students new to the field of epidemiology see health disparities in different ways, whether they are based on geography, race, gender, income, or other demographic indicators. If we can learn more about these types of disparities, what is behind them and how we might address them, we will not only save more lives, but also create a more just society in the process.

“There is a critical shortfall of well-trained epidemiologists in applied public health settings. I was greatly impressed by the impact of the Epi Scholars Program on the participants and its potential to draw participants into applied public health careers.”

– Jonathan Samet, MD, MS, Professor and Chair, Department of Preventive Medicine, Johns Hopkins Bloomberg School of Public Health; Chair, Department of Epidemiology, 1994–2008

The Epi Scholars Program was launched in 2007 to provide high caliber, graduate level epidemiology students with applied public health experience in a large urban setting. Epi Scholars connects students with mentors at the NYC Health Department to research a wide range of important public health topics with an eye toward reducing health disparities.
Grants and Donations
(October 1, 2006 – September 30, 2008)

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Anonymous
The New York Community Trust
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Starr Foundation
WellPoint Foundation

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DHHS/Health Resources and Services Administration
DHHS/Office of the Assistant Secretary for Preparedness and Response
DHHS/Substance Abuse and Mental Health Services Administration
Health Research, Inc.
Ingham County Health Department
New York City Department of Health and Mental Hygiene
New York State Department of Health
# Financial Statements

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The Fund for Public Health in New York (FPHNY) is grateful for the support we receive from our many donors — individuals, foundations, and government agencies. The funding received is used to support projects across a diverse range of public health priorities. Over our last two fiscal years, 93% of FPHNY’s revenue went to program services. Since our inception, we have managed multiple grants and contracts representing over $80 million dollars. Efficiency and accountability to our donors are core values of FPHNY. Each year we aim to improve efficiency; for every program dollar spent in FY08, only six cents was allocated to administration.

*Note: Data in the chart above represent an average of FY07 and FY08 expenses. Complete audited financials are available upon request.*
Call to Action

The U.S. spends more than twice as much for health care as any nation, but we are not healthier for it. Critical challenges remain, including a growing epidemic of chronic — but preventable — diseases including obesity, diabetes, heart disease, and smoking-related illnesses, the leading causes of death today. In recent years the New York City Department of Health has set a national and global example by eliminating trans fat from restaurant food, requiring chain restaurants to post calorie information on their menus, and ensuring that all New Yorkers have smoke-free workplaces. To continue this success, we must continue shifting our focus from medical treatment to prevention and health promotion. To do this broadly and comprehensively, we need to work together.

Public-private partnerships create opportunities beyond the range of any single sector alone to pilot and expand programs and promote policies that protect our health. The initiatives and programs made possible through the partnership between the Fund for Public Health in New York and the New York City Health Department expand the reach, depth, and capacity of the city’s health promotion efforts. By creating new and strategic partnerships and working across sectors, the Fund for Public Health strengthens the infrastructure — the people, the programs, the data, the resources — that are hard at work every day, keeping New York City healthy.

By working together, we can achieve our goal of making New York City a healthier place for all New Yorkers to live and work. We hope you will join us. Learn more about our public-private partnership at www.fphny.org.
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Acknowledgements:
FPHNY would like to recognize the leadership of its founding
Board Chair, Thomas R. Frieden, MD, MPH (2002–2009) and

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