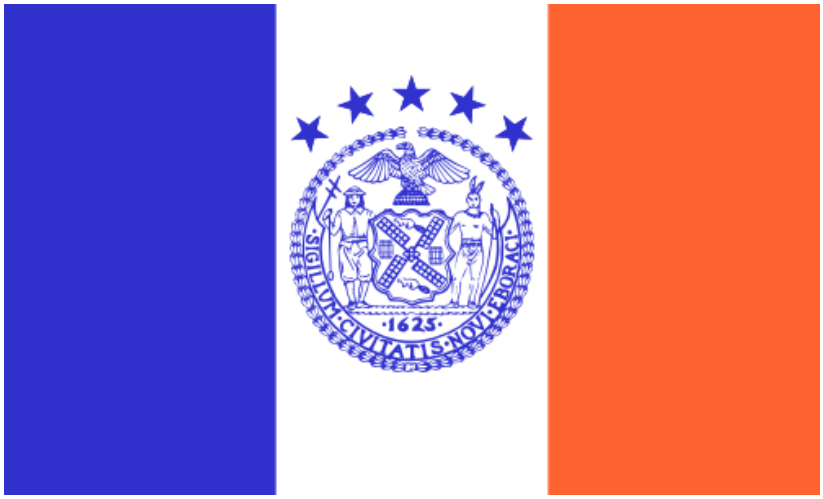
NEW YORK CITY
MAYORAL CANDIDATE FORUM
ON
IMPORTANT
PUBLIC HEALTH ISSUES



Wednesday, January 16, 2013

6:00 pm-8:30 pm

LIU Brooklyn, Kumble Theater

1 University Plaza, Brooklyn, NY 11201

Event Sponsors:

Brooklyn Partnership to Drive Down Diabetes * Center for the Independence of the Disabled in New York * Children's Defense Fund – New York * Coalition for Asian American Children and Families * Commission on the Public's Health System * Committee of Interns & Residents * Doctors Council, SEIU * Greater Brooklyn Health Coalition * Housing Works * LIU Brooklyn * Manhattan-Staten Island Area Health Education Center * New Yorkers for Accessible Health Coverage * New York Immigration Coalition * New York Lawyers for the Public Interest * New York State Nurses Association * Occupy Open Space * Physicians for a National Health Program, New York Metro * Planned Parenthood of New York City Action Fund * Public Health Association of New York City * Save Our Safety Net – Campaign * Sex Workers Project at Urban Justice Center * VOCAL – New York * Women's City Club of New York

Important Public Health Issues

Background

The coalition of community, labor, academic, professional organizations and individuals supporting this forum came together to ensure that issues relating to public health and access to health care would become a key focus in the upcoming citywide elections. The topics discussed here reflect our concerns for the state of public health in the City of New York. We hope that this document will trigger, between now, January 16 and the November elections, a full airing of the positions on these issues by all of the candidates for Mayor of the City of New York (NYC).

Health care issues are wide-ranging, complex, and personal. This document presents many concerns and policy recommendations - but for the sake of reasonable brevity, not all - advocated for by members of our coalition.

Introduction

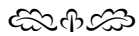
As a group, we believe that there are long-standing weaknesses in the status of the public's health in our city that remain to be addressed. Some of the progress made over the terms of the current administration should continue to be fostered, and hundreds of administrative decisions yet to be made by the next Mayor will have a profound effect on access to care, prevention, wellness, and other issues for so many New Yorkers. We hope anyone pursuing the opportunity to be Mayor of our nation's greatest city will give attention to these issues commensurate with the impact his or her decisions will have on millions of people.

The drafting of this paper and the complementary public health issues questionnaire sent to all candidates for Mayor in 2013 overlapped with the City's continued recovery work resulting from Hurricane Sandy. Rescue and recovery efforts have uncovered, demonstrated, and exacerbated the huge fissures in the fabric of our city's health care system. Large numbers of people have been left stranded and vulnerable. With four hospitals temporarily closed because of damage from the storm's surge, the resulting patchwork of care exposed the vulnerability of the health care network upon which we all rely. The aftermath of this tragedy will continue for a long time. To deal with these and future public health related issue we believe that we need a mayor who will foster the resilience of both the people and the public health-related infrastructure of NYC

We believe that community and labor have critical roles to play in improving health care services for all city neighborhoods, with a special emphasis on low-income, medically underserved groups, generations of immigrants, and communities of color.

The Social Determinants of Health

We know that too many New Yorkers are unhealthy because they have inadequate housing, are unemployed or have low paying and/or health-compromising jobs, lack access to quality education, nutrition, safe areas for exercise, and other factors that are described as "social determinants of health." We also know that too few health professionals have direct experience with or specific training about the communities they serve. Many others who work in the health field are not aware of the concept of social determinants as significant contributors to the health status of city residents and workers. The incoming Mayor of NYC will be in a position to set the standards for how to prioritize how the city addresses specific health determinants. The mayor will also set the bar on the attention and resources allocated to health promotion and disease and disability prevention, health care cost reduction, and the elimination of health disparities particularly in priority populations–populations that now bear an excessive burden of health challenges. Future health professionals should be prepared to recognize social determinants as significant contributors to the state of the public's health and a significant part of health care delivery.



Concerns About Special Populations

Culturally and Linguistically Competent Care:

Improving the community's health requires an understanding of the community with the ability to communicate and to provide comprehensive services with a competence that is both culturally and linguistically appropriate. Access is not just about physically being able to go to a hospital, clinic, or other setting and having the means to pay for it. It's about communication, being able to understand the care you're receiving, making yourself understood to your provider, and being able to carry out the steps necessary to return you to good health. NYC is currently lacking enough physicians and other health care workers who are trained in culturally competent care or appropriate language competency to provide quality care for the communities they serve. Without an improved understanding of the diverse communities that comprise NYC, providers cannot fully take into account the social determinants of health that afflict them, causing a barrier to good health services for these communities. Negative health consequences can result from ignoring issues of race and culture and missing opportunities due to a lack of communication. We recommend the next Mayor implement contract reform to recognize and utilize more community based organizations that are ensuring that all New Yorkers receive effective, quality services from both mainstream providers and people of color and immigrant organizations. In addition, the city should ensure that the city's hospitals are complying with existing language access legislation.

Immigrant Access

Additional underserved communities include the undocumented. Despite NYC's current policy not to question patients about their immigration status, many undocumented New Yorkers remain without health care. Barriers to health care accessibility for underserved communities include those due to ethnicity, language, actual immigration status, and fear of government intervention and poverty should be targeted

through new policies from the Mayor's administration. We know that ethnic populations are more likely to have better health outcomes if their provider speaks their language, is race concordant, or is knowledgeable of their culture. We would request that the Mayor should develop initiatives to increase diversity among the health care workforce.

People With Chronic Conditions:
Assuring care to underserved populations should include those with mental disabilities and chronic conditions such as asthma and HIV/AIDS.

Asthma has been shown to be a major chronic condition in children and adults in NYC. Specific asthma prevention, treatment, and educational programs need to be implemented to address this serious illness, and we hope that the Mayor would have a role in tackling this chronic condition that has persisted in New York for years.

NYC continues to have some of the highest rates of HIV/AIDS in the nation, with an infection rate that is nearly three times the national average. For adults aged 35 to 54, HIV/AIDS is the third most frequent cause of death in NYC, and over 110,000 NYC residents were living with HIV/AIDS as of 2010, with women of color and gay men of all races continuing to bear the brunt of the epidemic. It is critical that the next Mayor ensures that the State Department of Education regulations are implemented in all schools providing HIV/AIDS education from grades kindergarten through twelve. The next Mayor must work with the Governor and legislature to prevent homelessness among people living with HIV/AIDS by enacting a "30 percent rent cap" for permanently disabled clients of the HIV/AIDS Services Administration (HASA) who qualify for rental assistance but are required to pay upwards of 70 percent or more of their disability income towards rent. This legislation would pay for itself by reducing the number of homeless New Yorkers living with HIV/AIDS in costly shelters, preventing unnecessary emergency room visits and hospital stays, and reducing HIV risk behaviors that can lead to new infections.

Disabilities in New York City:
There are 889,219 individuals with disabilities in NYC - that is 11% of the population, spanning individuals with vision, hearing, mobility and cognitive impairments. Individuals with disabilities in NYC are more than twice as likely than adults without disabilities to have more frequent diagnoses for asthma, cardiovascular disease, high cholesterol. This group also has higher rates of autism, diabetes, hepatitis and hypertension. Furthermore, 40% of people living with disabilities are more likely to report that their health is fair or poor, as compared to 7% of people overall. Despite the *Americans with Disabilities Act*, individuals with disabilities experience difficulty in getting health care that accommodates their needs. These disparities need to be addressed resulting in the availability of appropriate, comprehensive health care for this vulnerable group.

Reducing Unintended Pregnancies in New York City

As the *Affordable Care Act* (ACA) takes effect nationally, it is changing the landscape for women's health by placing effective contraceptives within reach for millions of women who couldn't previously afford them. This breakthrough has profound implications in NYC, where nearly two-thirds of all pregnancies are unplanned and 40 percent end in abortion. These new provisions could mean that pregnancies can occur when women and families are prepared for them and are making autonomous decisions when or if to have children on their own terms.

The next Mayor should commit to providing programs and resources in support of expanding women's knowledge, acceptance and consistent use of birth control. To seize that opportunity, our next mayor must support expanding women's knowledge, acceptance and consistent use of birth control. While raising general awareness, and helping women find methods that work for them, our next Mayor also has a key opportunity to promote awareness of long-acting reversible contraception (LARC), a class of under-utilized methods that includes IUDs and contraceptive implants, particularly in communities that have historically been denied access to culturally relevant information about contraception and healthcare.

No Condoms As Evidence:

NYC distributes millions of condoms each year as part of a high profile HIV prevention campaign. But police frequently stop, search, and arrest people alleged to be engaged in prostitution and confiscate condoms to use as evidence to support prostitution charges against them. As well, prosecutors have attempted to use condoms as evidence in some of the few cases that have proceeded to trial. Sex workers and members of their communities are aware of this practice and fear carrying condoms, either for use with clients or with other sexual partners, as a result. In addition, this limits outreach workers' and businesses' ability to distribute condoms freely without fear of harassment. The fear generated by this practice leads some sex workers to carry fewer condoms, and sometimes to engage in sex without the protection of condoms. Law enforcement policies that deter condom use undermine NYC's HIV prevention efforts, waste tax dollars, and invite increased rates of HIV and other infections. NYC's next Mayor must partner with law enforcement officials, public health entities, and legislators to keep condoms in the hands of those who need them the most.

Formation of a Police-Community Crisis Intervention Team:

NYC police officers respond to 100,000 calls per year pertaining to people in mental health crisis. Unfortunately, our police officers do not receive the type of training to recognize what is involved in a situation or to receive the education and guidance they need to ensure peaceful resolutions. The result is needless deaths and injuries to mental health recipients and responding police officers. This *Crisis Intervention Team* (CIT) is a program that helps train police how to respond to mental health recipients in crisis and connect them with community-based treatment and support services, including hospital diversion programs, and has been implemented in hundreds of cities including Chicago, Memphis and San Diego. A CIT could be and should be implemented by the next Mayor.

Primary Care and Underserved Communities

There are an estimated 2.5 million New Yorkers living in communities designated as medically underserved, who have little or no access to primary care services. In the past, the city made a commitment to expanding primary care services through a pot of $25 million to be available over a period of five years. The first step, which was urged by advocates, was to conduct a targeted assessment of communities most in need of services. The Health and Hospitals Corporation (HHC), City Council, and advocacy groups were involved in designing and conducting this study in 2008. The Mayor then withdrew this funding so that the proposals for expansion of care were not realized. Many of these issues have persisted for decades.

In addition, there are an estimated 1 million residents who are uninsured. Despite federal health reform, many people will remain uninsured, largely because of language insecurity and their inability to navigate a complex enrollment system alone, unable or unwilling to answer detailed questions, ineligible because of their actual immigration status, or fear of obtaining information from officials, or will be unable to afford the premiums even with public subsidy. Barriers to care can arise from the hours of operation of health care providers, often making it difficult for employed individuals to access health care, leaving Emergency Room care as the only option. The need for expansion of care is an issue that has persisted for decades, and new ideas to tackle these issues need to be brought to the table.

Integration of Mental Health Services:

Primary care is a major source of mental health services and referrals for underserved communities across the city. However, current reimbursement models, geographic location of services, and supply of culturally competent mental health providers are all undermining the integration of mental health and primary care. A critical issue here is language as well as body language which culturally knowledgeable individuals would understand and able to assess a situation. There must be a commitment from the next Mayor to fund programs which serve other than English speaking individuals and families.

Early Intervention:

We hope that health crises such as asthma, autism, and infant mortality will be given a higher level of attention. In next year's budget, it has been suggested that training programs for caregivers and teachers be cut, despite knowledge that *Early Intervention* is a proven approach to reducing the effects of autism. We encourage steps be taken to establish additional *Early Intervention* opportunities for families and children affected by autism. Additionally, we call for funds to be allocated to meet this almost neglected population.

The Role of Community-Based Organizations:

By definition as "community-based," these organizations reflect the population of the community and are language accessible to smaller immigrant communities, are often steeped in the cultural traditions including sensitivity to gender based issues and have the ear of the community but often ignored and invisible voice of many communities of NYC, including the advocacy arm of many disenfranchised communities. Community-Based Organizations (CBOs) of NYC have conducted community health needs assessments,

participated in health outreach and education, and assisted people to gain access to care and enroll in health insurance coverage. These voices from the community should be included when healthcare decisions are being made and planning takes place - their needs assessments should be a major player in the allocation of healthcare funds, including determining the types of services needed and where.

The CBOs of NYC lead the way in doing the much needed work of community health needs assessments, outreach and education, and enrolling individuals in health insurance coverage. These organizations should indeed be part of the ongoing health care decision-making. The Mayor is asked to take steps to further enhance these services and institutionalize the role of these organizations in the health care decision making process.

Work and Health:

While the prior administration has been a strong supporter of connecting New Yorkers to primary care and preventive services like immunizations and cancer screenings, many New Yorkers are still afraid they will lose their job if they take time off to see their primary care provider. A recent study showed that people without paid sick days are less likely to get preventive health care. New Yorkers should have reassurance that they will no longer need to choose between their health and their job, and should have access to comprehensive primary care and preventive services.

Workforce Supply Training

Many health care providers are only available during daytime hours when it is difficult for people who work to visit, thus leaving nothing available but an Emergency Room after hours. Studies have shown that a disproportionate number of people living in underserved areas rely too much on the Emergency Room for care. Due in part to the limited and declining supply of primary care providers, working fewer hours, and in part due to the uneven distribution of providers. Local initiatives such as networks of community health centers, and experimental financing models have attempted to address these problems. Funding for new initiatives will come in large part from the *Medicaid* waiver recently sought by the State DOH. A recent recommendation from the *State Medicaid Redesign Team* is for Waiver Amendment funding to support the development of Regional Health Workforce Information Centers which would "provide regional information about health careers and training opportunities." This is crucial because increasing awareness about primary care and allied health careers at primary and secondary education levels is necessary to encourage early health career aspirations among students. Interest in serving in this capacity must be cultivated. We would like City support for the development of Regional Health Workforce Information Centers in NYC.

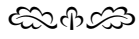
Safety Net Access:

There are currently an estimated more than 1 million uninsured residents who are dependent on *safety net* programs to access care. Continued access to care, for the uninsured and the underinsured is critical and dependent on the existence of public and private *safety net* providers. One suggestion to address continuing and increased access to care is using city dollars to match state and federal health reform dollars to expand primary care facilities in underserved communities. Targeting of funding must be made

on the basis of community health needs assessments that identifies neighborhoods with the greatest needs.

Accountable Care Organizations:
The introduction of Accountable Care Organizations (ACOs) in the health reform law, is an opportunity for unprecedented coordination between primary care and other segments of the health care system. The Mayor should ensure that the incentives awarded to ACOs are reinvested in integrated primary care linked to patient outcomes, and not simply absorbed into the capital budgets and salaries of large hospitals. Additionally, community-based organizations should be promoted as key stakeholders in the establishment of ACOs.

New York Professional Schools:
New York Medical schools received poor rankings when measuring schools' dedication to social missions. Methods of addressing this issue and the need for diversity amongst New York City physicians include challenging the non-profit tax exemptions to the schools unless they ensure more minorities are accepted to New York Medical schools, improving access for low income students by lowering costs, or restructuring curriculum to focus on primary care. These techniques would hopefully increase dedication to serving the underserved in NYC. We recommend that the Mayor use the tax exemption powers of the city to convince all health professional schools, including medical schools, that they need to do more to train a workforce uniquely suited for NYC, including ensuring more underrepresented minority students are enrolled.



Funding Initiatives

Medicaid Waiver Proposals:
An obviously determinative aspect of healthcare is its funding. Current pertinent funding issues center around the *Medicaid Waiver* amendment proposal submitted by the New York State Department of Health (NYS DOH) to the Federal Department of Health and Human Services, the call for transparent and accountable budgeting, and coordination between sectors. The *Medicaid Waiver* proposal brings money to states, who are then responsible for allocating funds appropriately. In New York, how this money will be distributed has not been well defined. The wording in important parts of the proposal is loose and it is not clear how these dollars would be used to improve access to services and target funding to medically underserved communities and safety net health care providers. The distribution of these dollars, if approved by The Centers for Medicare and Medicaid Services (CMS), will be a very political process. Support from NYC's Mayor would be important in the allocation process. The Mayor could have an important role in allocating this money, and ensuring that the money is properly used to improve healthcare access. The Mayor's role could include determining populations that need services (and involving the community in this process), supporting advocacy for underserved populations, and ensuring that money is

targeted to *safety net* health care providers and underserved populations.

Medicaid Administration:

Rapid changes in *Medicaid* opens doors for improving efficiency and increasing savings. However, with administrative roles handed over to the State, *Medicaid* beneficiaries could be harmed. NYC's involvement could be maintained with the involvement of the Mayor, who will additionally need to get a guarantee from the State that vulnerable populations will be protected with their take-over of these programs. The NYC Mayor should be willing to negotiate with the State to ensure that the positive aspects of the City's involvement are maintained. One example that we feel should be maintained is, in determining eligibility for home care services, the person's social and economic evaluation is considered along with their medical condition. Additionally, the NYC Mayor must plan to obtain a guarantee from the State that the State will continue to protect vulnerable populations when they assume oversight of these programs.

Transparent and Accountable Budgeting:

The City Budget is often confusing and provided in such a way that it is difficult to track City funding for particular services; being especially true for the budget of the NYC Department of Health and Mental Hygiene (NYC DOHMH). The Mayor's Executive Budget does not usually incorporate concerns from residents and organizations. This level of involvement is only apparent in the City Council's efforts to hold public hearings and to receive comments. Without straightforward spending records from the City Budget, it is nearly impossible to determine accountability. The current system of providing information makes it difficult to determine City funding for services. One effort from the Mayor should be to ensure transparency in the budget process, which would allow for community input into the budget development and the demonstration of an inclusively determined allocation of funds.

Revenues and Resources for
Public Health Initiatives and Services:

Along with transparency in spending, the Mayor of NYC would be in charge of determining which departments of city government receive funding for improving the public's health. Different departments have different approaches to improving the public's health, so a common method of determining the biggest and best health return on our investments must be established. Oversight
must be guaranteed to ensure that one department does not duplicate or interfere with another's efforts. The Mayor should have a role in coordinating across all sectors and agencies to promote public health by providing budgetary oversight and incentives to departments to work together to improve the public's health, eliminating multiple sector duplication and competition between programs.

In addition to providing oversight for public health programs, proper spending of public funds must be monitored by the Mayor. The Mayor would be in charge of distributing money from funds, so it is important that they appropriately disperse the funds received due to a public health problem in NYC to target New Yorkers' health problems. One example of this is the *Tobacco Litigation Settlement* (TSAS) monies that NYC has been receiving since 1998, and will continue to receive for the next 25 years. Initially, although much of these dollars were used to securitize capital debt, there was a portion of the dollars that were used

to fund public health programs in DOH and HHC. Currently, approximately $120 million dollars a year goes directly into the city's general fund, and is not spent on public health measures. States are spending less than two cents of every tobacco dollar to reduce tobacco use. These funds are available to the City because of a public health problem and should go towards public health services related to the context of the initial problem.

A Single-Payer System:

The New York State single payer bill (Assemblyman Gottfried's "New York Health") and HR.676, the national bill, are legislation aimed at moving health care towards a single-payer system. We hope the Mayor will openly and actively support them. Independent economic analysis by CBO, GAO, OMB, Lewin, Mathematica, Kaiser and Commonwealth all agree the only way to get to universal and comprehensive coverage and to control both total America-wide system costs and costs to individuals and families is adopting a single-payer system. A national single payer system has the added benefit to NYC government of drastically reducing the costs to State and City government by taking the burden of *Medicaid* and support of local services to the uninsured (e.g., HHC) off of them, by shifting finance entirely to national-level taxation. It also dramatically reduces the cost to State and Local/City government as employers, since their contributions to employee health benefits are also taken over by the federal single payer. This is why many other municipalities, counties and even state legislatures have endorsed single payer. Though not as comprehensive as state-based single payer, a single-payer system in NYC would also take the similar financial burdens off from the city government (from city contribution to HHC, to *Medicaid*, and as an employer with its own city employee health benefits) and shift them to the State. Given the overwhelming research evidence that private, for-profit and investor owned health-care delivery systems—be they actual hospital ownership, outsourced management companies, outsourced dialysis, or the fragmented private for-profit *Medicaid* managed care—raise total costs while also decreasing access to and quality of services. It is hoped that the Mayor would publicly support and push to keep these out of New York State and New York City, following instead the models in Maryland, Connecticut and Vermont.

Health and Hospitals Corporation

Leadership:

The President of the HHC, along with senior staff provides the leadership for the central office, the eleven acute care hospitals, four long-term care facilities, six large ambulatory care centers, and many more community-based ambulatory care services. It is therefore critical that the person selected have special qualities and a commitment to providing public health services. We request a commitment on behalf of the Mayor to appoint HHC board members who reflect the patients, staff and the community. In addition, it is necessary that the Mayor support active participation by community and labor in all levels of governance of the HHC

Services:

The HHC services are the only access point to care for many NYC residents. Particularly because access to community-based primary care services is a route into the health system for many residents, these services are critical to maintain. Other services must also be available as well – secondary and tertiary service. With reductions in funding and staffing, access has become more difficult. People are waiting months for an appointment and are often forced to use the emergency room when they become very ill. This problem could become more critical as Federal and State funding are cut even more – particularly the federal *Disproportionate Share Hospital* dollars (DSH) which HHC is heavily dependent on to pay for the care of the 450,000 uninsured patients they treat. In addition, HHC has begun a movement to privatize patient care services, which can lead to cutting access to needed care. The current move to privatize dialysis services is unacceptable and could lead to deterioration of this important care. The City currently contributes to HHC's budget in many ways, including providing the local match for federal DSH dollars. We hope that the Mayor will commit to continuing this funding. The Mayor can play a major role in advocating for equity in funding to ensure continuation of services in medically underserved communities. With the great need for services in many of the City's communities, we hope that the Mayor would be willing to commit to a community health needs planning process to develop a plan for equitable distribution of funding.

Staffing:

Every patient, whether at a clinic, in a hospital or long-term care facility, deserves the best possible care under the safest conditions. Safe staffing in our hospitals, clinics and long-term care facilities has been proven to improve outcomes for patients, indeed to save lives. Since delivery of safe, high-quality care health care depends on the coordinated efforts of workers from many disciplines, staffing is an important issue. The right healthcare worker must be available for the right type of patient and the right time, also defined as culturally and linguistically competent.

The Mayor should ensure that HHC is properly staffed. Further, the Mayor should ensure safe staffing levels in all healthcare environments – including but not limited to the NYC child health clinics, public school clinics, and home care. The Mayor should lend support to healthcare educational and training opportunities, so that our healthcare facilities and clinics can remain mission-based, instead of becoming privatized into for-profit organizations.

Staffing Legislation:

Some NYC nurses are being forced to care for nine or even more patients at a time, making it impossible for nurses to give proper care to everyone. Nurses say that, for the safety of their patients, there needs to be a limit on the number of patients that they can be forced to care for at one time – and they are supporting the *Safe Staffing for Quality Care Act*, a NYS bill that would set a limit. For the benefit of both the nurses and the care receivers, we hope that the Mayor would help to make this bill NYS law.

Affordable Care Act and changes in healthcare funding:

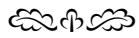
Along with the passage of the *Affordable Care Act* (ACA), there are major changes in healthcare funding. The Centers for Medicare and Medicaid Services (CMS) will now reimburse hospitals for *Medicare* based on clinical indicators and patient satisfaction scores. The New York State Medicaid Redesign Team has adopted similar funding for *Medicaid* payments. 88% of HHC's budget is made up from payments from *Medicaid* and *Medicare* (72% and 16%, respectively). Hospital systems, including HHC, are now becoming Accountable Care Organizations (ACOs) and patient centered medical homes (PCMH) to better coordinate care for patients across all settings (including doctors' office, hospitals and long-term care facilities) and to meet the three aims of CMS – better care for individuals, better health outcomes for populations and lowering healthcare costs through quality improvements. HHC also is introducing financial Performance Indicators for doctors that measure their ability to meet certain goals that may or may not be in the doctors' control. HHC has sought little input from the physicians regarding performance indicators, becoming an ACO or about healthcare reform in general. To be successful in achieving good clinical indicators and patient satisfaction scores requires a total healthcare team approach involving all healthcare workers, from doctors to nurses to housekeepers.

Given the critical importance of clinical and patient satisfaction scores as relates to funding of HHC, the Mayor should make sure that HHC involves the meaningful input and involvement of healthcare workers who do the frontline delivery of patient care. With all these changes in healthcare occurring, both in terms of funding and in how HHC structures itself, the Mayor must ensure that the patients and communities served by HHC are (a) asked for their input and kept informed and (b) will continue to have timely access to the patient care services that exist at each HHC hospital and facility today.

Affiliation System:

Almost all healthcare workers in HHC hospitals and facilities are employed by HHC. An important exception is the majority of doctors employed by an affiliate. Some doctors are employed directly by HHC. However, HHC has subcontracted with either medical schools or professional corporations (PCs) to hire the majority of doctors that work in HHC. For example, medical schools included Columbia University, New York Medical College, Mount Sinai School of Medicine, NYU and SUNY Downstate. In the past two years, HHC has reduced the number of affiliates to mainly one super PC – the Physician Affiliate Group of New York, PC (PAGNY) – Mount Sinai, NYU and SUNY Downstate. The affiliate system enables HHC to control what occurs with respect to the doctors without employing them. The current state of the affiliate system is one in which affiliates have to obtain HHC's permission for any major decision, such as hiring one individual doctor or staffing an entire service, and are reliant upon HHC for their funding. Staffing of doctors by affiliates is a major concern as the lack of staffing leads to longer wait times and the erosion of services in communities. HHC created PAGNY, and controls who runs it and what it does. Since PAGNY was created by HHC, it has little, if any independence and it is difficult to determine who is accountable for decision making. It is of some concern to us that HHC has such an influence over an affiliate that employs doctors at six of its eleven hospitals as it could create a conflict of interest for HHC.

Closures and Contracting Out/Privatization:
While the NYS law makes decisions on the closure of health care facilities, it is not without input from the Mayor and his health advisors. The City has been trying to save money by contracting out some of its services both medical (as in dialysis services) and nonmedical (as in laundry services). We hope to bring contracted out medical services back into the public system, and initiate safeguards so that levels of care provided is not further diminished and no layoffs ensue. We recommend that there be a moratorium on all contracting out of health care services until a panel made up of community members and leaders from the affected community, union members and staff from the affected institution and local politicians is created. The City Council and State legislators should review the request and make a recommendation to both the Mayor and the City Council, with the final approval resting with the City Council.



Roles and Priorities for the New York City Department of Health and Mental Hygiene (NYC DOHMH)

Leadership:
The Deputy Mayor for Health and Human Services currently oversees eleven agencies: the Human Resources Administration, Administration for Children's Services, Department of Homeless Services, Department for the Aging, Health and Hospitals Corporation, Department of Correction, Department of Probation, Department of Juvenile Justice, Office of Health Insurance Access, the HIV Health and Human Services Planning Council, in addition to the NYC DOHMH. One leadership level below, the Commissioner of the NYC DOHMH oversees a budget of approximately $1.5 billion in spending for public health, mental hygiene, medical examiner services and general administration, has a budgeted headcount of 4,645 full-time positions, and is responsible for numerous bureaus and services. Both positions are ultimately responsible for addressing the healthcare needs of all New Yorkers. The Mayor has a role in ensuring that the NYC DOHMH is transparent and furnishes information to the City Council, members of the public, and unions.

The Mayor also has an important role in determining priorities for the NYC DOHMH. We would urge a change in the current top down approach to setting of priorities to a more consultative and open process.

The Office of Minority Health:
The current administration has proposed eliminating the Office of Minority Health (OMH), which was created in 2004 to foster relationships with community groups and faith-based organizations, and to disseminate public health information. An OMH exists at the state level, and its role is quite different. New York State and Federal OMH directly fund training programs and projects to reduce disparities and to increase the access of high quality healthcare for racial and ethnic minorities as well as offering training, communication strategies, and expert advice on public health issues. The standards provided in training programs define and provide a common understanding and consistent definitions of culturally and

linguistically appropriate services in health care. The OMH within the Federal Department of Health and Human Services similarly provides direct funding for programs to reduce disparities, foster public-private partnerships, and serve as a policy resource for the federal government on these issues. The OMH proposed Culturally and Linguistically Appropriate Services (CLAS) as a means to correct inequities that currently exist in the provision of health services and to make the services more responsive to the needs of all consumers. We hope that the Mayor would advocate for keeping the OMH open, useful and perhaps extending its role in line with that of the Federal and State OMH, mindful that our City is the most diverse in the US.

Health Information Technology

Through its Primary Care Information Project, the NYC DOHMH has taken a leadership role in implementation of electronic health records (EHRs) in community health centers and small primary care practices, with the aim of improving quality of care within practices, and improving information exchange between primary care providers and other parts of the health system. While much money has been spent on this technological upgrade, it is not clear that patients are yet benefiting from improvements in quality or greater portability of information.

Data Collection and Minimizing Overlap:

Because of the multiple functions carried out by the NYC DOHMH, one branch of the department may be developing relationships with businesses to help them explore healthier food options, while another branch of the same department is carrying out inspections, and assigning penalties for noncompliance. In order to promote the department's more innovative programs without the department's own enforcement arm undercutting the success of these same programs, there must be some oversight and structuring to minimize this conflict.

Disaggregation and public reporting will help to ensure that agencies that deliver vital services to New York's residents base their service delivery on information that accurately captures the diversity of demographics and service needs. The lack of a uniform data collection method makes obtaining an accurate and specific description of race and ethnic discrimination in health care delivery difficult. This must be standardized by agency, provider and institutional behavior. Accurate data collection, analysis and disaggregation are integral components in properly identifying, monitoring and addressing social service needs of NYC's growing and diverse populations. The data needs to be disseminated to all agencies and CBOs.

One of the best developments over the past year has been frequent collaboration between the Department of Education and the NYC DOHMH to improve the nutritional quality of choices offered for school lunches and to provide our school aged children with information to combat the rise in childhood obesity. At the same time, we have seen the Department of Transportation creatively seek to improve the public's health by encouraging active transit, but doing so without the immediate involvement of NYC DOHMH. We hope that the Mayor will promote collaboration between departments working to improve the public's health, so that departments are not duplicating, or even interfering with each other's programs.

The District Public Health Offices:

The District Public Health Offices (DPHOs) were established to directly address some of the worst disparities in health in the city, by locating them within affected neighborhoods. Depending on the Mayoral administration and health commissioner, the DPHOs have sometimes more actively solicited and responded to local priorities. At other times, they have been merely front line infantry for central DOHMH office priorities. It is our hope that the next Mayor of NYC will help us to enable the DPHOs to address local priorities as their primary mandate.