

Fiscal 2009 Preliminary Budget Hearings

❖ Committee on Health

March 2008

Scheduled To Testify:

- *Medical Examiner*
- *Department of Health & Mental Hygiene*
- *Health & Hospitals Corporation (joint with Task Force on Hospital Closings)*

***Hon. Christine C. Quinn
Speaker of the Council***

***Hon. David I. Weprin, Chair
Committee on Finance***

***Hon. Joel Rivera, Chair
Committee on Health***

***Hon. Helen Sears, Chair
Taskforce on Hospital Closings***

***James Caras, Acting Director
Finance Division***

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Department of Health and Mental Hygiene (816)

Agency Operations

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and mental well being of all New Yorkers. The Department provides mental health, mental retardation and developmental disability, chemical dependency prevention and treatment, and disaster-related crisis counseling services through over 1,000 contracted programs. The Department's Early Intervention Program provides services to developmentally delayed infants and toddlers. The Department operates five immunization walk-in clinics, 9 chest centers and 10 sexually-transmitted disease clinics in addition to HIV testing and counseling centers, and provides health services at public elementary and intermediate schools. The Department provides birth and death certificates. The Department conducts health and safety inspections to enforce the City Health Code, and protects public safety through an immediate response to emergent public health threats. The Department also includes the Office of Chief Medical Examiner, which is responsible for investigating sudden or violent deaths and performs DNA analysis.

AGENCY FUNDING OVERVIEW

Agency Funding Sources	Fiscal 2008 Adopted Budget	Fiscal 2008 Current Modified	Fiscal 2009 Preliminary Budget
City	\$633,107,551	\$633,529,051	\$614,342,879
Other Categorical	\$247,006,112	\$249,210,368	\$243,590,615
Capital IFA	\$0	\$0	\$0
State	\$456,501,893	\$485,408,596	\$442,133,183
Community Development	\$553,000	\$553,000	\$553,000
Federal-Other	\$251,902,359	\$311,277,628	\$255,540,845
Intra-City	\$12,567,733	\$16,205,620	\$4,663,102
Total	\$1,601,638,648	\$1,696,184,263	\$1,560,823,624

HEADCOUNT OVERVIEW

Headcount	Fiscal 2008 Adopted Budget	6/30/2008 Forecast	Fiscal 2009 Preliminary Budget
City	4,231	4,112	4,023
Non-City	978	1,550	1,352
Total	5,209	5,662	5,375

PROGRAM FUNDING OVERVIEW (\$000s)

In addition to examining the agency's operations by funding source, this document will also provide analysis by program. The table below highlights the key programs in this agency and amount of funding dedicated to those programs.

Program	2005 Actual Spending	2006 Actual Spending	2007 Actual Spending	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Administration - General	\$138,713	\$172,331	\$162,479	\$225,976	\$134,538
Disease Prevention & Treatment - Bioterrorism	\$20,139	\$19,382	\$24,127	\$35,557	\$15,156
Disease Prevention & Treatment - Communicable	\$1,282	\$1,790	\$2,432	\$3,906	\$3,947
Disease Prevention & Treatment - HIV/AIDS	\$180,106	\$191,085	\$183,426	\$213,348	\$173,218
Disease Prevention & Treatment - Immunization	\$8,885	\$10,959	\$14,929	\$12,683	\$13,314
Disease Prevention & Treatment - Labs	\$12,289	\$12,898	\$9,578	\$9,492	\$9,159
Disease Prevention & Treatment - STDs	\$12,872	\$12,708	\$15,791	\$14,575	\$14,380
Disease Prevention & Treatment - TB	\$25,083	\$24,481	\$24,994	\$32,595	\$32,328
Environmental Disease Prevention	\$25,263	\$29,175	\$11,955	\$13,593	\$12,089
Environmental Health - Animal Control	\$8,097	\$9,135	\$8,842	\$9,763	\$9,596
Environmental Health - Day Care	\$7,522	\$8,905	\$11,796	\$9,026	\$9,036
Environmental Health - Food Safety	\$10,407	\$10,880	\$11,700	\$15,296	\$15,688
Environmental Health - Pest Control	\$9,840	\$10,687	\$11,989	\$12,232	\$10,651
Environmental Health - Poison Control	\$920	\$1,082	\$1,063	\$1,433	\$1,433
Environmental Health - Sciences and Engineering	\$2,418	\$2,299	\$3,283	\$7,132	\$5,723
Environmental Health - West Nile	\$0	\$0	\$8,528	\$399	\$363
Epidemiology	\$7,993	\$7,941	\$11,605	\$12,809	\$11,691
Health Care Access & Improvement - Insurance	\$11,366	\$12,651	\$12,353	\$10,274	\$8,623
Health Care Access & Improvement - Oral	\$7,147	\$7,730	\$7,734	\$6,754	\$6,466
Health Care Access & Improvement - PCIP	\$0	\$0	\$3,391	\$18,523	\$8,167
Health Care Access & Improvement - PHS	\$137,280	\$142,209	\$143,251	\$144,115	\$154,402
Health Promotion & Disease Prev - Chronic Disease	\$4,315	\$3,780	\$10,253	\$11,886	\$5,592
Health Promotion & Disease Prev - DPHOs	\$2,999	\$3,377	\$5,568	\$6,203	\$5,246
Health Promotion & Disease Prev - Maternal & Child Health	\$9,380	\$17,767	\$25,984	\$22,242	\$32,552
Health Promotion & Disease Prev - Schools	\$50,762	\$54,267	\$73,921	\$81,924	\$77,800
Health Promotion & Disease Prev - Tobacco	\$4,149	\$4,791	\$12,211	\$15,661	\$13,204
Mental Hygiene - Chemical Dependency	\$46,806	\$45,064	\$47,926	\$56,692	\$55,561
Mental Hygiene - Early Intervention	\$463,855	\$470,637	\$450,911	\$378,982	\$452,776
Mental Hygiene - Mental Health Services	\$161,768	\$151,103	\$159,026	\$166,781	\$167,635
Mental Hygiene - MRDD	\$31,223	\$29,514	\$27,036	\$28,158	\$28,255
Office of Chief Medical Examiner	\$39,395	\$39,602	\$61,451	\$70,219	\$58,302
World Trade Center	\$1,193	\$1,294	\$2,208	\$16,779	\$13,932
Total	\$1,443,467	\$1,509,524	\$1,561,741	\$1,665,008	\$1,560,823

PROGRAM HEADCOUNT OVERVIEW

Program	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Administration - General	1,461	1,335
Disease Prevention & Treatment - Bioterrorism	245	187
Disease Prevention & Treatment - Communicable	49	35
Disease Prevention & Treatment - HIV/AIDS	351	321
Disease Prevention & Treatment - Immunization	163	163
Disease Prevention & Treatment - Labs	124	124
Disease Prevention & Treatment - STDs	184	178
Disease Prevention & Treatment - TB	325	344
Environmental Disease Prevention	160	159
Environmental Health - Animal Control	13	13
Environmental Health - Day Care	209	208
Environmental Health - Food Safety	215	215
Environmental Health - Pest Control	228	234
Environmental Health - Poison Control	15	14
Environmental Health - Sciences and Engineering	62	46
Environmental Health - West Nile	3	3
Epidemiology	169	167
Health Care Access & Improvement - Insurance	73	66
Health Care Access & Improvement - Oral	52	52
Health Care Access & Improvement - PCIP	37	17
Health Care Access & Improvement - PHS	110	72
Health Promotion & Disease Prev - Chronic Disease	74	52
Health Promotion & Disease Prev - DPHOs	56	51
Health Promotion & Disease Prev - Maternal & Child Health	151	150
Health Promotion & Disease Prev - Schools	188	233
Health Promotion & Disease Prev - Tobacco	31	28
Mental Hygiene - Chemical Dependency	2	0
Mental Hygiene - Early Intervention	31	31
Mental Hygiene - Mental Health Services	9	12
Office of Chief Medical Examiner	810	815
World Trade Center	62	50
Total	5,662	5,375

PROGRAM ANALYSIS

- **Disease Prevention & Treatment.** The Division of Disease Control identifies, monitors, treats, prevents and controls infectious diseases in the City of New York.

DOHMH develops a bioterrorism plan and emergency management protocols and priorities. In a Nationwide review, DOHMH was the only health department to meet all 14 critical bench marks for bioterrorism set by the U.S. Department of Health and Human services. There is a marked decrease in funding due to a decrease in Federal funding in the amount of approximately \$20 million from Fiscal 2008 January Plan to the Fiscal 2009 January Plan funding.

The Bureau of Communicable Disease Control identifies, investigates and controls more than 60 reportable infectious diseases. The Bureau monitors drug resistance patterns for certain diseases; monitors emerging infectious diseases and educates the public and medical community about disease prevention and treatment.

DOHMH restructured its HIV-related activities to bring HIV monitoring, investigation and prevention units together under the Bureau of HIV/AIDS. The Bureau of HIV/AIDS performs HIV and AIDS surveillance, participates in the community planning through the New York City HIV Prevention Planning Group and the HIV Planning Council and oversees contracts for HIV prevention, care and housing in New York City. It is important to note that the New York City Council allocated \$14 million in Fiscal 2008 for HIV/AIDS related funding that is not included in the Fiscal 2009 Preliminary Budget.

- **Environmental Disease Prevention.** The Division of Environmental Health prevents and reduces illness and injury caused by environmental health hazards. The Division's main programs include: Lead Poisoning Prevention; Environmental and Occupations Disease Epidemiology; Food Safety and Community Sanitation; Veterinary and Pest Control Services; and Environmental Sciences and Engineering.

The Bureau of Food Safety and Community Sanitation conducts inspections of food service establishments, mobile food vending operations, senior centers, public schools, day camps, correctional facilities, single-room occupancy hotels and window guard installations in apartment buildings. There are over 24,000 food service establishments in New York City.

The Bureau of Veterinary and Pest Control Services conduct activities to protect the public from animal-borne disease. To prevent rodent-borne diseases and improve the quality of life in New York City the Office of Pest Control Services conducts inspections, enforcement, extermination, clean-up and education. The Department committed an additional \$1 million in Fiscal 2008 and the outyears for an additional 11 personnel to commence a pilot program in the Bronx.

- **Health Care Access & Improvement.** The Division of Health Care Access and Improvement promotes the availability of quality health care services in New York City through Medicaid managed care and other insurance programs; oral health clinics throughout the City that provide free dental care for children and adolescents; correctional health

services, which provides medical and mental health care to inmates and detainees in the City's correctional facilities; forensic behavioral health services; and Take Care New York & Community Collaboration, which provides health education and referrals to community health care providers to former inmates and detainees and their families.

- **Health Center Dental Clinics/School-Based Dental Clinic.** Health Center Dental Clinics and school-based dental clinics serve children and adolescents up to the age 21. The Fiscal 2008 Adopted Budget partially restored \$1 million in Fiscal 2007 (\$696,509 in City Tax Levy (CTL) and \$335,356 in State funding), which is a 75 percent restoration, \$687,910 in Fiscal 2008 (\$464,339 in CTL and \$223,571 in State funding), which is a 50 percent restoration, and \$343,955 in Fiscal 2009 (\$232,170 in CTL and \$111,785 in state funding), which is a 25 percent restoration.

DOHMH continues to explore ways to reach the goals of delivering quality preventative dental care to the greatest number of underserved children and reaching the New York State Healthy People goal of sealants for 50 percent of all children by 2010.

There are a total of five Dental Sites, which are located in Chelsea, Bushwick, Washington Heights, Fort Greene, and Corona.

- **Health Promotion & Disease Prevention.** The Division of Health Promotion and Disease Prevention core programs include: Tobacco Control; Chronic Disease prevention; District Public Health offices; School Health; Maternal, Infant and Reproduction Health and Day Care.
- **Nurse Family Partnership Program (NFP).** The Bureau of Maternal, Infant and Reproductive Health promotes the health of women and their infants and families in New York City. The Nurse-Family Partnership (NFP) is a national nurse home visiting program for low-income, first-time mothers, their infants and families

NFP is funded with Medicaid in FY09 and the outyears. NFPs total budget is \$17.9 million in Fiscal 2009, \$21.4 million in Fiscal 2010 and \$27.3 million in Fiscal 2011.

It is estimated to cost, on average, \$6,500 per family per year. This funding provides the capacity to serve 2,700 families by the end of Fiscal 2009, 3,000 families by the end of Fiscal 2010, and 3,100 families by the end of Fiscal 2011.

Currently, New York City provides the NFP on a referral basis to mothers living in neighborhoods with high rates of infant mortality, poverty and low infant birth weight. Funds are budgeted to provide care for 1,320 families by end of Fiscal 2008, to date; the program has approximately 1,000 families enrolled. As of May 1, 2007, the program had an active City headcount of twelve Public Health Nurses and three Nurse Supervisors, and contracts with HHCs Home Health Care at Harlem Hospital for services in Harlem, and Visiting Nurse Services of New York for services in the South Bronx. The contractual programs have twenty-three Public Health Nurses and three Nurse Supervisors on staff.

The agency is planning to open five new sites in Brooklyn, Queens, and Manhattan, and a new site in Staten Island. They also announced the expansion of NFP programs in the Bronx and Jamaica, Queens. In addition, the program is also available to teens in foster care and to women who are homeless or incarcerated, irrespective of whether or not these women live in one of the specified targeted areas.

- **Office of Chief Medical Examiner.** The Office of Chief Medical Examiner investigates cases of persons who die within New York City from criminal violence; by casualty or by suicide; suddenly, when in apparent good health; when unattended by a physician; in a correctional facility; or in any suspicious or unusual manner. The Office also investigates when an application is made pursuant to law for a permit to cremate the body of a person.

Council Initiatives Not Restored

The Fiscal 2009 Preliminary Budget contains \$43 million in cuts to the Department of Health and Mental Hygiene public health programs. These cuts represent funding provided by the City Council in the Fiscal 2008 Adopted Budget but not baselined by the Mayor in the City's Financial Plan for Fiscal 2009 and the outyears. For more detail, please see the following:

- **HIV/AIDS Prevention & Education.** In the Fiscal 2009 Preliminary Budget, \$1.7 million in City funding is eliminated, which was a restoration to address the disproportionate number of AIDS cases among communities of color and women. Funding was used for prevention, education, outreach, advocacy, support services and was directed to community-based organizations which demonstrate an ability to engage these vulnerable populations, raise awareness of the disease, and thereby help lower the rate of HIV/AIDS amongst women and in communities of color.
- **HIV/AIDS Outreach Enhancement.** In the Fiscal 2009 Preliminary Budget, \$2.5 million in additional City funding is cut, which was used to combat the spread of HIV/AIDS through prevention efforts and services.
- **Faith-Based HIV/AIDS Prevention.** In the Fiscal 2009 Preliminary Budget, \$2.4 million in City funds is eliminated for prevention, education, outreach, advocacy and support services. This funding was primarily directed to local churches and community-based organizations which demonstrated an ability to engage vulnerable populations, raise awareness of the disease, and thereby help lower the rate of HIV/AIDS.
- **HIV Prevention and Health Literacy for Seniors.** In the Fiscal 2009 Preliminary Budget, \$640,000 in City funds is eliminated which was used to develop tailored HIV prevention and education messages that targeted the older adult population, aging service providers and health care providers.
- **Rapid HIV Testing.** In the Fiscal 2009 Preliminary Budget, \$3 million which was provided to the Health and Hospitals Corporation to expand HIV/AIDS Rapid Testing and counseling on a routine basis at inpatient units and selected outpatient settings at public hospitals and clinics was eliminated.

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- **HIV/AIDS Counseling.** The Fiscal 2009 Preliminary Budget eliminates \$207,000 for programs that offer counseling, assessment, testing and education to people with HIV/AIDS at various HHC facilities, including the Bellevue satellite AIDS clinic and the Roberto Clemente Center at Gouverneur Healthcare Services.
- **Housing for Homeless People Living with HIV.** The Fiscal 2009 Preliminary Budget eliminates \$750,000 which was provided to fund housing units for HIV-positive clients who have been living in the City's shelter system for extended periods of time.
- **Callen Lorde Health Center.** The Fiscal 2009 Preliminary Budget eliminates \$320,000 in City funds which, supported screening and treatment for sexually transmitted diseases for gay and bisexual men and a Comprehensive Women's Services program to provide education and screening services for breast and cervical cancer for lesbian and bisexual women.
- **Harm Reduction Initiative.** In the Fiscal 2009 Preliminary Budget, \$2.2 million in City funding was eliminated that was used to combat the spread of HIV/AIDS as passed through intravenous drug use.
- **Infant Mortality Reduction Initiative.** A City Council initiative in the amount of \$4.8 million is eliminated in the Fiscal 2009 Preliminary Budget, which funded interventions targeting community districts with high Infant Mortality Rates and communities demonstrating racial and ethnic disparities in infant mortality rates.
- **Cancer Initiatives.** In the Fiscal 2009 Preliminary Budget, \$461,000 in City funds for various council-funded programs that include screening and education for breast, colon and ovarian cancer is eliminated.
- **American Cancer Society.** The Fiscal 2009 Preliminary Budget eliminates \$1.6 million, which expanded the American Cancer Society's Colon Cancer screening program, which screened more than 3,000 minority uninsured and underserved New Yorkers and expanded its patient navigation system to 14 hospitals.
- **Asthma Control Program.** The Fiscal 2009 Preliminary Budget eliminates \$545,000 in City funds. The funding enabled the Department of Health and Mental Hygiene to continue its Integrated Pest Management program to remediate apartments in central Brooklyn, central Harlem and the South Bronx, all of which show disproportionately high rates of asthma.
- **Pest Control.** The Fiscal 2009 Preliminary Budget eliminates \$1 million in City funds, which bought 10 low-emission vehicles to replace aging vehicles, developed a pest control web-site and purchased hand-held computers for the field work automation project and approximately 12,000 hours of exterminator services.
- **Community Healthcare Network.** In the Fiscal 2009 Preliminary Budget, \$160,000, which allowed the Community Healthcare Network (CHN) to provide family planning and diabetes-related services at several of its clinics located throughout New York City, is eliminated.

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- **Administrative Fee Waivers for Prescription Medication.** In the Fiscal 2009 Preliminary Budget, \$2.4 million in City funds to support the provision of administrative fee waivers for approximately 80,000 HHC pharmacy patients is eliminated. This funding was allocated to the Department of Health and Mental Hygiene (DOHMH), and was transferred to HHC through an Intra-city agreement.
- **School Nurses for Summer School.** In the Fiscal 2009 Preliminary Budget, \$1.9 million in City funds to allow DOHMH to provide nurses for the general school population during the summer school session for 2008 is eliminated.
- **American Red Cross-Emergency Preparedness.** The Fiscal 2009 Preliminary Budget eliminates \$1.9 million in City funds for two American Red Cross sponsored initiatives: Disaster Response Operations and Prepare New York.
- **Primary Care Development Corp. – Emergency Preparedness.** The Fiscal 2009 Preliminary Budget eliminates \$1.4 million in City funding to the Primary Care Development Corporation, which assisted health care providers in communities of need to develop emergency response programs.
- **Asian-American Hepatitis B Project.** The Fiscal 2009 Preliminary Budget eliminates \$1 million that provided funding to address the high rate of Hepatitis B among Asian-Americans through outreach and education, screenings of at-risk populations and treatment of infected persons.
- **Hepatitis C Public Education Campaign..** The Fiscal 2009 Preliminary Budget eliminates \$480,000 in funding that provided Hepatitis testing, prevention and education services.
- **NYU Mobile Dental Van.** The Fiscal 2009 Preliminary Budget eliminates \$268,000 for mobile dental care to medically underserved children city-wide.
- **Child Health Clinics.** In the Fiscal 2009 Preliminary Budget, \$6 million in funding for the child health clinics was eliminated. This funding ensured that child health clinics would remain open, and provided enhanced levels of access and quality care.
- **Family Planning.** In the Fiscal 2009 Preliminary Budget, \$368,000 to provide reproductive health and pregnancy prevention services for uninsured and high-risk teens via Planned Parenthood was eliminated.
- **Obesity Prevention Initiative.** The Fiscal 2009 Preliminary Budget, \$3.7 million in City funding was eliminated for a number of obesity prevention programs, which provided education and physical fitness to curb and prevent obesity in New Yorkers of all ages.
- **Nutrition for Life.** The Fiscal 2009 Preliminary Budget eliminates \$74,000 in City funding for a health and education program targeting high-risk pregnant women primarily newer immigrants.

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- **United Hospital Fund (UHF).** The Fiscal 2009 Preliminary Budget eliminates \$288,000, which provided assistance to both private and public hospitals in the ever-changing health care system.
- **Comprehensive Podiatric Medical Screening.** The Fiscal 2009 Preliminary Budget eliminates \$1 million in City funding for the Comprehensive Podiatric medical Screening School Based program, which looked to address the issues of obesity and early onset of adult diabetes in children.

UNITS OF APPROPRIATION

The operating budget of an agency is structured into several levels, each of which provides varying levels of detail on an agency's spending plans. The City Charter requires that U/A's represent the amount appropriated for personal services (i.e. salaries or Other Than Personal Services (i.e. supplies) for a particular program, purpose, activity or institution.)

U/A#	U/A Name	Fiscal 2008 Adopted Budget	Fiscal 2008 Modified as of 1/24/2008	Fiscal 2009 Preliminary Budget
101	Health Administration	\$32,933,230	\$35,769,533	\$32,977,045
102	Disease Control and Epidemiology	\$98,824,329	\$105,150,594	\$99,502,431
103	Health Promotion and Disease Prevention	\$95,319,778	\$97,167,528	\$94,476,560
104	Environmental Health	\$46,164,518	\$47,086,677	\$45,740,751
106	Office of Chief Medical Examiner	\$44,132,332	\$42,712,794	\$40,627,378
107	Health Care Access and Improvement	\$30,060,279	\$30,139,667	\$26,045,005
108	Mental Hygiene Management Services	\$36,523,640	\$38,046,245	\$38,647,063
	Total PS	\$383,958,106	\$396,073,038	\$378,016,233
111	Health Administration-OTPS	\$40,650,902	\$43,700,844	\$29,861,725
112	Disease Control and Epidemiology-OTPS	\$210,387,984	\$255,324,641	\$184,959,136
113	Health Promotion and Disease Prevention -OTPS	\$53,311,818	\$59,733,728	\$40,990,912
114	Environmental Health-OTPS	\$26,483,939	\$28,040,325	\$19,366,493
116	Office of Chief Medical Examiner-OTPS	\$14,946,834	\$21,659,324	\$17,674,767
117	Health Care Access and Improvement-OTPS	\$165,226,271	\$168,252,308	\$154,219,339
118	Mental Hygiene Management Services-OTPS	\$18,940,308	\$19,158,038	\$16,529,498
120	Mental Health	\$185,208,164	\$196,834,884	\$185,732,763
121	Mental Retardation and Developmental Disabilities	\$446,144,424	\$444,978,450	\$478,745,780
122	Chemical Dependency and Health Promotion	\$56,379,898	\$62,428,683	\$54,726,978
	Total OTPS	\$1,217,680,542	\$1,300,111,225	\$1,182,807,391
	Total Agency	\$1,601,638,648	\$1,696,184,263	\$1,560,823,624

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PRELIMINARY BUDGET ACTIONS (\$000)

Description	Fiscal 2008			Fiscal 2009		
	City	Non-City	Total	City	Non-City	Total
Agency Budget as per the October Plan	\$633,661	\$1,040,917	\$1,674,578	\$611,693	\$958,878	\$1,570,571
PEGs						
Additional Agency Revenue	(\$3,900)	\$3,900	\$0	(\$4,970)	\$4,970	\$0
Administrative Efficiencies	\$0	\$0	\$0	(\$1,987)	(\$391)	(\$2,379)
Enhanced Claiming for Early Intervention Services	(\$6,000)	\$6,000	\$0	(\$1,000)	\$1,000	\$0
Hiring Freeze and Vacancy Reduction Program	(\$1,153)	(\$170)	(\$1,323)	(\$4,653)	(\$551)	(\$5,204)
OCME Personnel Service Accruals	(\$1,178)	\$0	(\$1,178)	(\$1,769)	\$0	(\$1,769)
Re-estimate of Fee Collections	\$111	(\$111)	\$0	\$127	(\$127)	\$0
Re-estimate of Tribunal Fine Revenue	\$126	(\$126)	\$0	\$126	(\$126)	\$0
Total PEGs	(\$11,994)	\$9,493	(\$2,501)	(\$14,126)	\$4,774	(\$9,352)
New Needs						
Correctional and Veterinary Health	\$0	\$0	\$0	\$8,457	\$1,244	\$9,701
New York/New York III Housing	\$797	\$0	\$797	\$3,348	\$0	\$3,348
OCME DNA Lab	\$2,825	\$707	\$3,532	\$4,136	\$380	\$4,516
World Trade Center Excavations	\$3,611	\$0	\$3,611	\$0	\$0	\$0
Total New Needs	\$7,233	\$707	\$7,940	\$15,941	\$1,624	\$17,565
Other Adjustments						
Adjustment to Maternal, Infant and Reproductive Health	\$0	\$0	\$0	\$1,766	\$993	\$2,759
Air Quality - Article 6 Adjust	\$0	\$1,125	\$1,125	\$0	\$1,125	\$1,125
Article 6 Adjustment	\$0	(\$1,572)	(\$1,572)	\$0	\$0	\$0
Categorical	\$0	\$13,017	\$13,017	\$0	\$0	\$0
Collective Bargaining	\$1,246	\$476	\$1,722	\$1,392	\$543	\$1,935
Early Intervention Re-Estimate	(\$10,696)	(\$27,520)	(\$38,216)	(\$4,621)	(\$26,767)	(\$31,388)
ESG Grant - BWS	\$0	\$119	\$119	\$0	\$0	\$0
Fuel, Heat, Light & Power	(\$1,138)	(\$83)	(\$1,221)	\$129	\$72	\$201
Intra City	\$0	\$841	\$841	\$0	\$0	\$0
MH State Aid Letter	\$0	\$3,088	\$3,088	\$0	\$3,088	\$3,088
OASAS State AID Letter	\$0	\$4,626	\$4,626	\$0	(\$128)	(\$128)
PS/OTPS Shifts B/C 8220/8228	\$0	\$16	\$16	\$0	\$0	\$0
Technical Adjustment	(\$360)	\$360	\$0	(\$360)	\$360	\$0
Technical Adjustment - Tobacco Control	\$577	\$324	\$901	\$2,530	\$1,423	\$3,953
TRNS \$ to DOHMH-SURV	\$0	\$280	\$280	\$0	\$0	\$0
WSO - FY08 Larviciding	\$0	\$265	\$265	\$0	\$0	\$0
Total Other Adjustments	(\$10,371)	(\$4,638)	(\$15,009)	\$836	(\$19,291)	(\$18,455)
Total Preliminary Budget Changes	(\$15,132)	\$5,562	(\$9,570)	\$2,651	(\$12,893)	(\$10,242)
Preliminary Budget	\$618,529	\$1,046,479	\$1,665,008	\$614,344	\$945,985	\$1,560,329

Preliminary Budget Action Analysis

Programs to Eliminate the GAP (PEGs)

- **Additional Agency Revenue.** The Department plans to achieve a savings in the amount of \$4 million in Fiscal 2008 and \$5 million in Fiscal 2009 and the outyears by realigning the agency's revenue budget, which indicates a higher than anticipated portion of the budget is claimable to Medicaid and other sources such as Article 6 State match dollars.
- **Administrative Efficiencies.** The Department plans to achieve a savings in the amount of \$2 million in Fiscal 2009 and the outyears through reduction in expenditures through the consolidation of functions and maximizing revenue opportunities. Approximately \$1.3 million of the consolidation takes place in the Mental Hygiene portion of the DOHMH budget. The remaining savings takes place in the Environment Health – West Nile program budget.
- **Hiring Freeze and Vacancy Reduction Program.** The Department plans to achieve a savings in the amount of \$1.2 million in Fiscal 2008, \$4.7 million in Fiscal 2009 and \$5.4 million in Fiscal 2010 and the outyears for a total of 200 vacant City Personnel positions. This action reflects savings from the partial elimination of vacancies and replacement of future attrition.
- **OCME Personnel Service Accruals.** The Department plans to achieve a savings in the amount of \$1.2 million in Fiscal 2008, \$1.8 million in Fiscal 2009 and \$261,000 in Fiscal 2010 and the outyears due to revised staffing estimates for DNA and morgue operations of delayed Agency hires. This savings does not affect active City Personnel numbers.
- **Re-Estimate of Fee Collections.** The Department plans to achieve a savings in the amount of \$1.8 million in Fiscal 2008 and \$2 million in Fiscal 2009 and the outyears due to current and historical trends, which approximates that the Department will realize additional certificate, permit, license and inspection fee revenue for animal licensing and for the scientific review and approval of applications for new, renewal and amended radioactive materials licenses to ensure protection of health and safety from use of such materials.
- **Re-estimate of Tribunal Fine Revenue.** The Department plans to achieve a savings in the amount of \$2 million in Fiscal 2008 and the outyears due to an adjustment in fine revenue from improved collections of health code violations and a more timely collection and payment of all fines, penalties and other charges imposed at Tribunal hearings.
- **Fee Revenue from Other Jurisdictions.** The Department plans to achieve a savings in the amount of \$500,000 in Fiscal 2009 and the outyears due to increased revenue from non-city requests for DNA analysis and licensing of patented DNA swab kits.

New Needs

- **Correctional and Veterinary Health.** The Department plans to allocate \$8.5 million in Fiscal 2009, \$11.5 million in Fiscal 2010 and \$12.8 million in Fiscal 2011 and the outyears due to a revised estimate of collective bargaining costs for contracts of correctional and veterinary health services.
- **OCME DNA Lab.** The Department plans to allocate \$2.8 million in Fiscal 2008, \$4.1 million in Fiscal 2009 and \$5.2 million in Fiscal 2010 and the outyears to provide funding for the operation of the new DNA lab, which is located at 421 East 26th Street in Manhattan.

Other Adjustments

- **Collective Bargaining Increases.** Beginning in Fiscal 2008, annual funds totaling \$1.4 million and increasing to \$1.5 million in Fiscal 2009 and the outyears are being transferred from the Labor Reserve in the Miscellaneous Budget to the Budget of DOHMH to cover the costs associated with recent collective bargaining settlements with the Stationary Engineers, Supervisors of Mechanical Engineers, 1199 Pharmacists and Dieticians, Hospital Technicians, Microbiologists and CWA 1180.
- **Heat, Light and Power.** The January Plan plans to achieve a savings in the amount of \$1.1 million to the agency's budget in Fiscal 2008 and an additional \$129,000 in Fiscal 2009 and the outyears to properly reflect the costs associated with heat, light and power.
- **Technical Adjustment.** The Department plans to allocate \$217,000 in Fiscal 2008, \$3.9 million in Fiscal 2009 and \$4.5 million in Fiscal 2010 and the outyears due to a technical adjustment.

State Issues and Highlights

- **Article 6 Reimbursements.** The State's 2008-2009 Budget recommends \$240 million for the General Public Health Works Program, which reimburses counties for core and optional public health services at the rate of 36 percent.
- **AIDS Funding.** The State's 2008-2009 Budget sustains the State's commitment to fighting the AIDS epidemic by providing statewide spending of \$3.6 billion for AIDS programs, which is a year-to-year increase of more than \$105 million, including \$134 million for the AIDS Institute.

HEALTH AND HOSPITAL CORPORATION (819)**Agency Operations**

The New York City Health and Hospitals Corporation (HHC), the largest municipal hospital and health care system in the country, serves 1.3 million New Yorkers and nearly 400,000 who are uninsured. HHC provides medical, mental health and substance abuse services through its 11 acute care hospitals, four skilled nursing facilities, six large diagnostic and treatment centers and more than 80 community based clinics. HHC Health and Home Care also provide health services at home for New Yorkers.

AGENCY FUNDING OVERVIEW

Agency Funding Sources	Fiscal 2008 Adopted Budget	Fiscal 2008 6/30/2008 Forecast	Fiscal 2009 Preliminary Budget
City	\$27,050,194	\$27,050,194	\$84,081,841
Other Categorical	\$0	\$0	\$0
Capital IFA	\$0	\$0	\$0
State	\$0	\$0	\$0
Community Development	\$0	\$0	\$0
Federal-Other	\$10,322,222	\$13,303,726	\$5,688,909
Intra-City	\$100,714,374	\$115,233,684	\$73,569,558
Total	\$138,086,790	\$155,587,604	\$163,340,308

HHC January 2009 Financial Plan

NYC Health & Hospitals Corporation

Accrual Basis
January 09 Plan
(\$ in millions)

	Projected 2008	Projected 2009	Projected 2010	Projected 2011	Projected 2012
OPERATING REVENUES					
Third Party Revenue					
Medicaid Fee for Service	1,599.6	1,631.6	1,699.3	1,697.5	1,731.5
Medicare	880.0	886.8	703.9	721.5	739.6
Other Third Parties which includes Medicaid & Medicare managed care	863.9	907.1	952.4	1,000.1	1,050.1
Pools & Additional Revenues	1,273.9	948.5	839.6	839.1	839.1
Subtotal: Third Party Revenue	4,417.5	4,174.0	4,195.2	4,258.2	4,360.2
Funds Appropriated by the City					
Debt Service	(40.7)	(53.2)	(66.4)	(61.5)	(45.7)
Prisoner/Uniform Services	52.6	52.6	52.6	52.6	52.6
Other City Services	43.6	38.7	41.2	40.8	40.8
Unrestricted City Services	32.7	0.0	0.0	0.0	0.0
Adjustment for Prepayment	(91.1)	-	-	-	-
CEO: Nursing Ladder Program	1.1	-	-	-	-
Subtotal: Funds Appropriated by the City	(1.9)	38.1	27.4	31.9	47.7
Grants (including CHP and Intra-City)	259.0	177.7	178.8	180.0	180.0
Other Revenue	37.4	38.3	59.3	60.5	61.7
MetroPlus Premium Revenue	748.4	810.6	824.7	824.7	824.7
TOTAL OPERATING REVENUES	5,460.4	5,238.6	5,285.4	5,355.2	5,474.2
OPERATING EXPENSES					
Personal Services	2,297.3	2,326.0	2,355.1	2,384.5	2,414.3
Fringe Benefits	907.0	972.0	1,001.8	1,019.2	1,036.8
Other Than Personal Services	1,368.7	1,396.1	1,424.0	1,452.5	1,481.5
Information Systems	30.0	95.0	135.0	75.0	75.0
Medical Malpractice	189.9	189.9	189.9	189.9	189.9
Affiliations	734.9	771.7	802.5	828.6	851.4
Depreciation	220.0	230.0	240.0	250.0	260.0
Postemployment benefits, other than pension (Excl PYG)	268.4	291.2	316.0	342.8	372.0
TOTAL OPERATING EXPENSES	6,016.2	6,271.9	6,464.3	6,540.5	6,680.9
TOTAL OPERATING INCOME/(LOSS)	(555.8)	(1,033.3)	(1,178.9)	(1,185.2)	(1,206.8)
NON-OPERATING REVENUE/(EXPENSE)					
Interest Income	70.0	55.0	40.0	20.0	20.0
Interest Expense	(80.0)	(75.0)	(70.0)	(60.0)	(60.0)
Total Non-Operating Expenses (net)	(10.0)	(20.0)	(30.0)	(40.0)	(40.0)
PROFIT/(LOSS) BEFORE OTHER CHANGES IN NET ASSETS	(565.8)	(1,053.3)	(1,208.9)	(1,225.2)	(1,246.8)
CORRECTIVE ACTIONS					
State/Federal Actions	15.0	699.7	732.9	782.9	807.9
Revenue Initiatives	50.0	50.0	50.0	50.0	50.0
Medical Malpractice Containment	25.0	25.0	25.0	25.0	25.0
Managed Care Initiatives	-	-	-	-	-
Operational Initiatives	50.0	75.0	80.0	80.0	80.0
Subtotal: Corrective Actions	140.0	849.7	887.9	937.9	962.9
PROFIT/(LOSS) AFTER CORRECTIVE ACTIONS	(425.9)	(203.6)	(321.0)	(287.3)	(283.9)
PRIOR YEAR CASH BALANCE	1,139.7	1,149.2	926.0	571.2	287.9
ACCRUAL TO CASH ADJUSTMENT	435.3	(19.6)	(33.7)	4.0	18.4
CLOSING CASH BALANCE	1,149.2	926.0	571.2	287.9	22.6

AGENCY OVERVIEW**Financial Position**

As you can see from the January 2009 plan above, in Fiscal 2008, on an accrual basis, HHC will end the year with a closing cash balance of \$1.15 billion. Given this cash balance, HHC will be able to easily cover a projected deficit of \$204 million in Fiscal 2009. However, in 2010 and the outyears, the projected deficits continue at similar level to the projected Fiscal 2008 deficit. Because of these annual deficits, HHC is projecting that the Corporation will close Fiscal 2012 with only \$23 million.

Expenses

As shown in the Financial Plan above, the Corporation anticipates total expenses of \$6.02 billion in Fiscal 2008, of which \$3.2 billion will be spent on personnel (including fringe benefits). In Fiscal 2009, personnel costs will increase to \$3.3 billion. Other costs include \$1.37 billion for Other Than Personal Service costs in Fiscal 2008 and \$1.40 billion in Fiscal 2009, \$189.9 million in malpractice costs in Fiscal 2008 and Fiscal 2009, and \$735 million in affiliation contract costs in Fiscal 2008 and \$772 million in Fiscal 2009. In total, HHC's expenses are projected to increase by \$256 million (a 4.25 percent increase) from Fiscal 2008 to Fiscal 2009.

Revenues

The Corporation anticipates total revenues of \$5.46 billion in Fiscal 2008, of which \$4.42 billion represents Third Party Revenue (ex. Medicaid, Medicare, Bad Debt and Charity Care pools). HHC's projected revenue in Fiscal 2009 will decrease by 4 percent to \$5.24 billion, of which \$4.17 billion will be Third Party Revenue. The other major source of revenue for HHC is Metroplus premium revenue, which will total \$748 million in Fiscal 2008 and \$811 million in Fiscal 2009.

UNITS OF APPROPRIATION

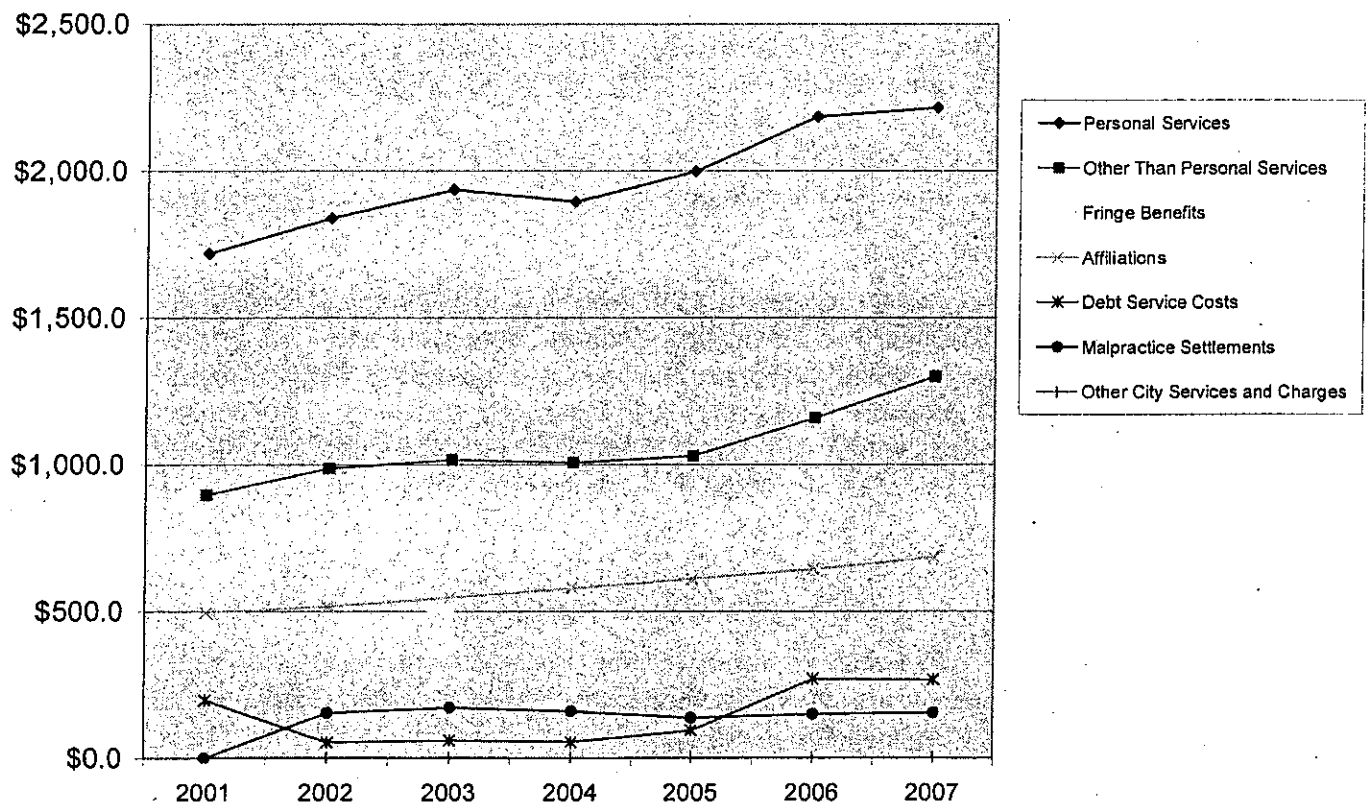
The operating budget of an agency is structured into several levels, each of which provides varying levels of detail on an agency's spending plans. The City Charter requires that U/A's represent the amount appropriated for personal services (i.e. salaries) or Other Than Personal Services (i.e. supplies) for a particular program, purpose, activity or institution.

U/A#	U/A Name	Fiscal 2008 Adopted Budget	Fiscal 2008 Modified as of 1/24/2008	Fiscal 2009 Preliminary Budget
001	Lump Sum	\$138,086,790	\$155,587,604	\$163,340,308
	Total	\$138,086,790	\$155,587,604	\$163,340,308

HHC Spending Trends

The chart below shows the Corporation's past spending by category for the previous seven years (this is spending on a cash accounting basis). As the chart demonstrates, disbursements have increased dramatically over this time period. Fringe benefits have increased the most sharply with a 93 percent increase from 2001 to 2007. Overall, Corporation spending has increased by 45 percent during this period.

HHC Spending by Category (in millions \$)



PRELIMINARY BUDGET ACTIONS (\$000)

Description	Fiscal 2008			Fiscal 2009		
	City	Non-City	Total	City	Non-City	Total
Agency Budget as per the October Plan	27,050	127,092	154,142	84,082	79,699	163,781
Other Adjustments						
IC W/ HHC	0	(440)	(440)	0	(440)	(440)
IC W/ HHC- Bellevue	0	590	590	0	0	0
IC W/ HHC- Bellevue Hosp Ctr	0	0	0	0	0	0
IC W/ HHC- Communicable	0	40	40	0	0	0
IC W/ HHC- Elmhurst	0	255	255	0	0	0
IC W/ HHC- Lincoln Hospital	0	225	225	0	0	0
IC W/ HHC- HIV Outreach	0	560	560	0	0	0
IC W/ HHC- WTC Funded Programs	0	215	215	0	0	0
Total Other Adjustments	0	1,445	1,445	0	(440)	(440)
Total Preliminary Budget Changes	0	1,445	1,445	0	(440)	(440)
Preliminary Budget	27,050	128,537	155,587	84,082	79,259	163,341

State Issues and Highlights

- **Governor's Medicaid Proposals.** Governor Spitzer has proposed several changes to the Medicaid program in his Fiscal 2008-09 Executive Budget. The net result of these changes would be a slight reduction of \$30 to \$40 million to HHC's annual budget. Some of the particular proposals include:
 - The Executive budget proposes to rebase the Medicaid reimbursement system. This rebasing is intended to update the reimbursement system to reflect current technology and incentivize primary care. This "rebasing" will cost HHC \$25 million next year. Savings from the rebasing will be used to create a new outpatient reimbursement pool, which will add \$26 million to HHC's budget.
 - The Governor's Budget proposes a 35 percent reduction in the annual inflation of Medicaid Reimbursements. This proposal will result in a loss of \$10 million in revenue to HHC.
 - The Executive Budget proposes to phase-out funding for public hospital workforce training. This results in a \$7 million decrease in funding for HHC next year. When the elimination of this funding stream is fully phased-in, HHC will lose \$28 million annually.
 - The Governor has proposed changes to detox reimbursement that would result in an estimated reduction of \$25 million to HHC.
- **Expansion of Child Health Plus Eligibility.** The Executive Budget proposes to fund the expansion of eligibility for the Child Health Plus (CHP) program. Last year's State Budget enacted an increase in the eligibility requirements from 250 percent of the Federal Poverty

Level to 400 percent. However, state funding for this expansion was not included in the budget, because the Governor attempted to get federal funding for the expansion. The federal government ultimately rejected the Governor's request to fund the CHP expansion, thus State funds are needed to expand CHP. While this expansion does not directly increase HHC's revenues, as more children become insured, HHC will have to provide less uncompensated care, which should provide the Corporation with more revenue.

Federal Issues and Highlights

- **President Bush's Medicaid Proposals.** President Bush has proposed a number of reductions to the Medicaid program through proposed regulations or through the federal budget process. While these cuts appear drastic, they have little chance of being enacted by the Congress.
 - **Federal Cut to Inter-Governmental Transfers (IGT).** The Center for Medicare and Medicaid Services (CMS) has proposed a regulation that would limit the amount of money that HHC could claim from the Upper Payment Limit (UPL) Medicaid revenue stream. Currently, UPL provides hospitals, which meet certain criteria reimbursement, for Medicaid services based on what Medicare would have paid for these services. This higher reimbursement was intended to help hospitals that serve a large number of uninsured individuals. The new regulation would eliminate these higher reimbursements and instead reimburse hospitals only for the cost of providing these services. HHC has estimated that the regulation would result in a **\$250 million** annual reduction to HHC.
 - **Federal Cut to Graduate Medical Education (GME) Funding.** The President has proposed a CMS rule that eliminates federal Medicaid payments for the costs of graduate medical education (GME). HHC has estimated that the regulation would result in a **\$150 million** annual reduction to HHC.
 - **Federal Cut to Outpatient Reimbursement.** HHC has estimated that the regulation would result in a **\$100 million** annual reduction to HHC.

Department of Health and Mental Hygiene

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and mental well being of all New Yorkers. The Department provides mental health, mental retardation and developmental disability, chemical dependency prevention and treatment, and disaster-related crisis counseling services through over 1,000 contracted programs. The Department's Early Intervention Program provides services to developmentally delayed infants and toddlers. The Department operates 5 immunization walk-in clinics, 9 chest centers and 10 sexually-transmitted disease clinics in addition to HIV testing and counseling centers, and provides health services at public elementary and intermediate schools. The Department provides birth and death certificates. The Department conducts health and safety inspections to enforce the City Health Code, and protects public safety through an immediate response to emergent public health threats. The Department also includes the Office of Chief Medical Examiner, which is responsible for investigating sudden or violent deaths and performs DNA analysis.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending by Program					
Administration - General	\$138,712,729	\$172,331,158	\$162,478,999	\$225,976,103	\$134,537,979
Disease Prevention & Treatment - Bioterrorism	\$20,139,040	\$19,382,140	\$24,127,459	\$35,557,481	\$15,156,416
Disease Prevention & Treatment - Communicable	\$1,281,844	\$1,789,956	\$2,432,187	\$3,906,179	\$3,946,870
Disease Prevention & Treatment - HIV/AIDS	\$180,105,576	\$191,084,630	\$183,425,930	\$213,348,175	\$173,218,281
Disease Prevention & Treatment - Immunization	\$8,885,391	\$10,959,043	\$14,929,427	\$12,683,495	\$13,314,411
Disease Prevention & Treatment - Labs	\$12,289,433	\$12,898,137	\$9,577,705	\$9,491,751	\$9,159,341
Disease Prevention & Treatment - STDs	\$12,872,011	\$12,708,497	\$15,791,181	\$14,575,038	\$14,379,822
Disease Prevention & Treatment - TB	\$25,082,936	\$24,481,473	\$24,994,016	\$32,594,663	\$32,328,333
Environmental Disease Prevention	\$25,263,007	\$29,175,242	\$11,954,970	\$13,592,934	\$12,088,952
Environmental Health - Animal Control	\$8,097,367	\$9,135,357	\$8,841,955	\$9,763,160	\$9,595,757
Environmental Health - Day Care	\$7,521,775	\$8,904,963	\$11,795,582	\$9,026,244	\$9,035,774
Environmental Health - Food Safety	\$10,406,895	\$10,879,555	\$11,700,277	\$15,295,813	\$15,688,220
Environmental Health - Pest Control	\$9,840,420	\$10,686,807	\$11,989,456	\$12,232,459	\$10,650,617
Environmental Health - Poison Control	\$920,309	\$1,081,663	\$1,063,168	\$1,433,375	\$1,433,375
Environmental Health - Sciences and Engineering	\$2,417,535	\$2,299,486	\$3,282,968	\$7,131,622	\$5,722,980
Environmental Health - West Nile	\$0	\$0	\$8,528,332	\$398,653	\$362,653
Epidemiology	\$7,992,897	\$7,941,219	\$11,605,077	\$12,809,250	\$11,690,834
Health Care Access & Improvement - Insurance	\$11,365,608	\$12,650,807	\$12,352,916	\$10,273,988	\$8,623,047
Health Care Access & Improvement - Oral	\$7,147,037	\$7,729,651	\$7,734,081	\$6,753,933	\$6,465,705
Health Care Access & Improvement - PCIP	\$0	\$0	\$3,390,707	\$18,522,565	\$8,167,349
Health Care Access & Improvement - PHS	\$137,280,023	\$142,209,045	\$143,250,584	\$144,114,713	\$154,402,190
Health Promotion & Disease Prev - Chronic Disease	\$4,314,559	\$3,779,858	\$10,253,409	\$11,886,152	\$5,592,301
Health Promotion & Disease Prev - DPHOs	\$2,999,315	\$3,376,730	\$5,568,257	\$6,202,611	\$5,245,975
Health Promotion & Disease Prev - Maternal & Child	\$9,380,153	\$17,766,507	\$25,983,610	\$22,242,149	\$32,552,256
Health Promotion & Disease Prev - Schools	\$50,762,020	\$54,267,034	\$73,921,341	\$81,924,238	\$77,799,886
Health Promotion & Disease Prev - Tobacco	\$4,148,511	\$4,791,314	\$12,210,685	\$15,661,013	\$13,204,228
Mental Hygiene - Chemical Dependency	\$46,806,262	\$45,063,997	\$47,925,745	\$56,692,464	\$55,560,578
Mental Hygiene - Early Intervention	\$463,854,935	\$470,636,602	\$450,910,636	\$378,982,397	\$452,775,791
Mental Hygiene - Mental Health Services	\$161,767,712	\$151,102,833	\$159,026,013	\$166,780,540	\$167,635,091
Mental Hygiene - MRDD	\$31,222,816	\$29,513,867	\$27,035,548	\$28,157,784	\$28,254,634
Office of Chief Medical Examiner	\$39,394,784	\$39,601,887	\$61,451,366	\$70,218,645	\$58,302,145
World Trade Center	\$1,192,714	\$1,294,261	\$2,207,746	\$16,779,369	\$13,931,833
Total	\$1,443,465,614	\$1,509,523,716	\$1,561,741,334	\$1,665,008,956	\$1,560,823,624

Note: "NA" means that data is not available

Funding

City Funds	NA	NA	NA	\$618,511,157	\$614,325,607
Federal - Community Development	NA	NA	NA	\$553,000	\$553,000
Federal - Other	NA	NA	NA	\$312,177,501	\$255,540,845
Intra City	NA	NA	NA	\$16,205,620	\$4,663,102
Other Categorical	NA	NA	NA	\$239,030,490	\$243,590,615
State	NA	NA	NA	\$478,531,188	\$442,150,455
Total	NA	NA	NA	\$1,665,008,956	\$1,560,823,624
Full-Time Positions	3,788	3,951	4,182	5,662	5,375

Note: "NA" means that data is not available

Administration - General

This program includes the commissioner's office and all other agency-wide administrative services, including management information and analysis, management planning, finance, personnel, labor relations, general services, data processing, general counsel, public information and operations site support which includes security and custodial services.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$56,153,697	\$62,883,501	\$69,345,277	\$91,202,768	\$86,687,123
Other than Personal Services	\$82,559,031	\$109,447,656	\$93,133,722	\$134,773,335	\$47,850,856
Total	\$138,712,729	\$172,331,158	\$162,478,999	\$225,976,103	\$134,537,979
Funding					
City Funds	NA	NA	NA	\$135,218,879	\$68,961,344
Federal - Other	NA	NA	NA	\$10,263,230	\$5,846,105
Intra City	NA	NA	NA	\$366,480	\$190,980
Other Categorical	NA	NA	NA	\$2,502,999	\$3,121,244
State	NA	NA	NA	\$77,624,515	\$56,418,306
Total	NA	NA	NA	\$225,976,103	\$134,537,979
Full-Time Positions	800	865	986	1,461	1,335

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Average response time for mailed requests for birth certificates (days)	Service Quality	5	4.4	5	5.3	5	6.7	5	2.2
Average response time for mailed requests for death certificates (days)	Service Quality	8	7.4	8	12.3	8	16.2	8	10.5

Note: "NA" means that data is not available

Disease Prevention & Treatment - Bioterrorism

The Bio-terrorism Hospital Preparedness Program creates and collaborates on multiple preparedness activities for health care providers and facilities.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$12,227,591	\$12,874,651	\$14,273,077	\$19,442,623	\$15,000,000
Other than Personal Services	\$7,911,449	\$6,507,488	\$9,854,382	\$16,114,858	\$156,416
Total	\$20,139,040	\$19,382,140	\$24,127,459	\$35,557,481	\$15,156,416
Funding					
City Funds	NA	NA	NA	\$40,085	\$102,663
Federal - Other	NA	NA	NA	\$35,136,008	\$15,000,000
Other Categorical	NA	NA	NA	\$16,452	\$0
State	NA	NA	NA	\$364,936	\$53,753
Total	NA	NA	NA	\$35,557,481	\$15,156,416
Full-Time Positions	160	178	175	245	187

Note: "NA" means that data is not available

Disease Prevention & Treatment - Communicable

The Bureau of Communicable Disease is responsible for 52 of the 66 infectious diseases that are reportable to the New York City Department of Health. The Bureau investigates individual cases of disease; ensures that household, or other close contacts receive preventive treatment when appropriate; investigates disease outbreaks; collects and analyses data on disease trends; educates the public and medical community regarding disease prevention and treatment; monitors drug resistance patterns for select diseases; monitors emerging infectious diseases; and provides active surveillance for waterborne disease and Malaria.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$1,095,467	\$1,401,020	\$2,182,550	\$2,905,520	\$3,287,440
Other than Personal Services	\$186,377	\$388,937	\$249,637	\$1,000,659	\$659,430
Total	\$1,281,844	\$1,789,956	\$2,432,187	\$3,906,179	\$3,946,870
Funding					
City Funds	NA	NA	NA	\$1,189,061	\$1,030,629
Federal - Other	NA	NA	NA	\$1,483,266	\$1,806,034
Intra City	NA	NA	NA	\$335,613	\$503,419
Other Categorical	NA	NA	NA	\$318,004	\$115,673
State	NA	NA	NA	\$580,235	\$491,115
Total	NA	NA	NA	\$3,906,179	\$3,946,870
Full-Time Positions	17	20	31	49	35

Note: "NA" means that data is not available

Disease Prevention & Treatment - HIV/AIDS

The Bureau of HIV/AIDS performs HIV and AIDS surveillance, participates in community planning through the New York City HIV Prevention Planning Group and the HIV planning Council and oversees contracts for HIV prevention, care and housing in New York City.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$14,462,750	\$15,035,202	\$16,077,739	\$16,069,523	\$14,569,078
Other than Personal Services	\$165,642,826	\$176,049,427	\$167,348,191	\$197,278,652	\$158,649,203
Total	\$180,105,576	\$191,084,630	\$183,425,930	\$213,348,175	\$173,218,281
Funding					
City Funds	NA	NA	NA	\$14,564,113	\$9,393,113
Federal - Other	NA	NA	NA	\$190,369,846	\$157,593,079
Intra City	NA	NA	NA	\$33,948	\$0
Other Categorical	NA	NA	NA	\$1,406	\$0
State	NA	NA	NA	\$8,378,862	\$6,232,089
Total	NA	NA	NA	\$213,348,175	\$173,218,281
Full-Time Positions	270	272	279	351	321

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Persons diagnosed, living, and reported with HIV/AIDS	Demand	NA	94,034	NA	96,244	NA	98,388	NA	NA
New Adult AIDS cases diagnosed	Outcome	NA	4,345	NA	4,156	NA	3,750	NA	NA
New pediatric AIDS cases diagnosed	Outcome	NA	8	NA	8	NA	2	NA	NA
Number of Male Condoms Distributed (000)	Outcome	NA	NA	NA	3,855	NA	17,770	NA	9,560
Number of New Yorkers who die from HIV/AIDS (CY)	Outcome	NA	1,451	NA	1,419	NA	1,209	1,000	NA
Individuals tested for HIV	Output	NA	141,174	NA	152,778	NA	158,866	NA	NA
Unduplicated clients enrolled in HIV/AIDS (Ryan White) health and supportive services (FY March-February) (000)	Output	NA	NA	NA	43.3	NA	42.0	NA	NA

Note: "NA" means that data is not available

Disease Prevention & Treatment - Immunization

The Bureau of Immunization operates clinics, monitors school entrance vaccination rates, and maintains the Citywide Immunization Registry. The Bureau promotes the immunization of children and adults against Hepatitis B, Measles, Mumps and Rubella, Varicella, Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B, Polio, Influenza and Pneumococcal disease. Since 2002, the Bureau of Immunization has expanded beyond its core functions to ensure the agency's readiness to respond to the threat of bio-terrorism.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$6,444,021	\$6,742,328	\$7,699,141	\$7,287,117	\$7,700,202
Other than Personal Services	\$2,441,370	\$4,216,715	\$7,230,286	\$5,396,378	\$5,614,209
Total	\$8,885,391	\$10,959,043	\$14,929,427	\$12,683,495	\$13,314,411
Funding					
City Funds	NA	NA	NA	\$3,839,387	\$3,839,387
Federal - Other	NA	NA	NA	\$7,076,651	\$7,707,567
State	NA	NA	NA	\$1,767,457	\$1,767,457
Total	NA	NA	NA	\$12,683,495	\$13,314,411
Full-Time Positions	128	139	137	163	163

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Children in the public schools who have completed required immunizations (%)	Outcome	97.0%	97.4%	97.0%	97.6%	97.0%	98.4%	97.0%	90.0%
Seniors, aged 65+, who received a flu shot in the last 12 months (%) (CY 04-06)	Outcome	66.1%	64.0%	70.0%	54.0%	73.0%	59.0%	77.0%	NA

Note: "NA" means that data is not available

Disease Prevention & Treatment - Labs

The Public Health Laboratory (PHL) provides state-of-the-art laboratory services to identify and investigate infectious diseases, including rapid testing from bio-terrorist agents. PHL performs tests for conditions such as rabies, West Nile virus and certain environmental exposures not offered by commercial laboratories. It is also the City's largest HIV testing laboratory.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$6,067,361	\$7,715,222	\$6,817,875	\$6,247,132	\$6,240,427
Other than Personal Services	\$6,222,072	\$5,182,915	\$2,759,830	\$3,244,619	\$2,918,914
Total	\$12,289,433	\$12,898,137	\$9,577,705	\$9,491,751	\$9,159,341
Funding					
City Funds	NA	NA	NA	\$6,544,305	\$6,340,202
Other Categorical	NA	NA	NA	\$13,500	\$0
State	NA	NA	NA	\$2,933,946	\$2,819,139
Total	NA	NA	NA	\$9,491,751	\$9,159,341
Full-Time Positions	127	130	120	124	124

Note: "NA" means that data is not available

Disease Prevention & Treatment - STDs

The Bureau of Sexually Transmitted Disease Control (STD) promotes behaviors that prevent STDs; monitors STD trends; promotes STD diagnosis, counseling, partner notification, contact tracing and referrals; and conducts research to gather new information about risk behaviors, prevention and treatment. The Bureau's 10 full-services STD clinics and free standing HIV counseling and testing site are the venues through which DOHMH offers HIV testing, performing 35,000 HIV tests each year. Free and confidential STD Services, Emergency Contraception, Hepatitis B Vaccine, Hepatitis A vaccine for high-risk patients, Hepatitis C screening for high-risk patients, HIV Counseling and Rapid Testing are all services a person can access at STD clinics.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$10,711,762	\$11,241,345	\$11,981,026	\$11,968,153	\$11,967,976
Other than Personal Services	\$2,160,250	\$1,467,152	\$3,810,156	\$2,606,885	\$2,411,846
Total	\$12,872,011	\$12,708,497	\$15,791,181	\$14,575,038	\$14,379,822
Funding					
City Funds	NA	NA	NA	\$5,839,444	\$5,892,609
Federal - Other	NA	NA	NA	\$5,182,346	\$5,068,311
Other Categorical	NA	NA	NA	\$1,022,782	\$960,581
State	NA	NA	NA	\$2,530,466	\$2,458,321
Total	NA	NA	NA	\$14,575,038	\$14,379,822
Full-Time Positions	160	154	155	184	178

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Syphilis cases	Outcome	NA	646	NA	587	NA	805	NA	296

Note: "NA" means that data is not available

Disease Prevention & Treatment - TB

The Bureau of Tuberculosis Control's mission is to prevent the spread of Tuberculosis (TB) and eliminate it as a public health problem in New York City. The Bureau looks to identify all individuals with suspected or confirmed TB disease and ensure their appropriate treatment; and to ensure that persons at high risk for progression from dormant infection to active disease – including contacts of active cases, individuals with compromised systems, and recent immigrants from areas where TB is widespread – receive treatment for dormant TB infection to prevent the development of TB disease. State-of-the-art chest clinics are now open in communities with disproportionately high rates of TB, including Bedford (in Brooklyn), Chelsea (in Manhattan) and Corona (in Queens).

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$20,121,116	\$18,422,730	\$18,470,002	\$22,067,275	\$22,224,415
Other than Personal Services	\$4,961,820	\$6,058,743	\$6,524,014	\$10,527,388	\$10,103,918
Total	\$25,082,936	\$24,481,473	\$24,994,016	\$32,594,663	\$32,328,333
Funding					
City Funds	NA	NA	NA	\$8,433,039	\$8,454,583
Federal - Other	NA	NA	NA	\$16,361,637	\$16,301,807
Intra City	NA	NA	NA	\$499,453	\$499,453
Other Categorical	NA	NA	NA	\$1,996,625	\$1,824,470
State	NA	NA	NA	\$5,303,909	\$5,248,020
Total	NA	NA	NA	\$32,594,663	\$32,328,333
Full-Time Positions	351	323	310	325	344

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
New tuberculosis cases (CY 04-06)	Outcome	NA	1,039	NA	984	NA	953	NA	281
Patients who complete treatment for active tuberculosis (%) (CY 04-06)	Outcome	90.0%	92.4%	90.0%	92.3%	90.0%	90.0%	90.0%	88.8%

Note: "NA" means that data is not available

Environmental Disease Prevention

The Bureau of Environmental Disease Prevention prevents and controls environmentally and occupationally related diseases. Programs include Lead Poisoning Prevention and Environmental and Occupational Disease Epidemiology and the Emergency Preparedness Unit.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$6,443,370	\$6,888,386	\$8,669,524	\$10,312,630	\$10,201,228
Other than Personal Services	\$18,819,636	\$22,286,856	\$3,285,447	\$3,280,304	\$1,887,724
Total	\$25,263,007	\$29,175,242	\$11,954,970	\$13,592,934	\$12,088,952
Funding					
City Funds	NA	NA	NA	\$8,384,288	\$6,450,267
Federal - Other	NA	NA	NA	\$4,170,467	\$4,142,519
Other Categorical	NA	NA	NA	\$0	\$750,000
State	NA	NA	NA	\$1,038,179	\$746,166
Total	NA	NA	NA	\$13,592,934	\$12,088,952
Full-Time Positions	122	123	136	160	159

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
New cases among children (aged 6 months to 6 years) with blood levels greater than or equal to 10 micrograms per deciliter	Outcome	NA	2,993	NA	2,574	NA	2,146	NA	845
New cases among children less than 18 years requiring environmental intervention for lead poisoning	Outcome	NA	902	NA	896	NA	714	NA	264
Primary addresses inspected within 7 business days of new case among children requiring environmental intervention for lead poisoning(%)	Service Quality	NA	90%	NA	91%	NA	93%	NA	93%

Note: "NA" means that data is not available

Environmental Health - Animal Control

The Bureau of Veterinary and Animal Control Services conducts activities to protect the public from animal-borne disease. Animal care and control services are provided under a contract with the Center for Animal Care and Control (CACC). The scope of the services provided through this contract includes animal pick-up, shelter services, adoption, humane euthanasia and preparation of animals for rabies testing.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$722,355	\$786,387	\$877,527	\$941,153	\$941,153
Other than Personal Services	\$7,375,011	\$8,348,970	\$7,964,428	\$8,822,007	\$8,654,604
Total	\$8,097,367	\$9,135,357	\$8,841,955	\$9,763,160	\$9,595,757
Funding					
City Funds	NA	NA	NA	\$9,388,290	\$9,523,792
State	NA	NA	NA	\$374,870	\$71,965
Total	NA	NA	NA	\$9,763,160	\$9,595,757
Full-Time Positions	12	14	12	13	13

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Dog licenses issued	Output	105.0	100.6	105.0	104.4	105.0	100.6	105.0	28.8

Note: "NA" means that data is not available

Environmental Health - Day Care

The Bureau of Day Care is the regulatory agency for childcare services (public and private) operating within New York City. The Bureau regulates Group Childcare and provides licensing and registration services for Group Family Child Care, Family Day Care and School-Age Care. The Bureau ensures that all child care services in the City operate in full compliance with the Health Code and Social Service regulations and are licensed or certified as required; locates and assesses all unlicensed services and assists these operators in becoming licensed or closes them; reduces the health and safety risks by inspecting all Group Childcare centers and group family day care programs annually and family day care and school age programs every two years; and provides orientation sessions to providers seeking certification.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$6,945,964	\$8,459,750	\$10,143,743	\$7,515,639	\$7,525,169
Other than Personal Services	\$575,811	\$445,213	\$1,651,839	\$1,510,605	\$1,510,605
Total	\$7,521,775	\$8,904,963	\$11,795,582	\$9,026,244	\$9,035,774
Funding					
City Funds	NA	NA	NA	\$4,022,775	\$4,022,775
Federal - Other	NA	NA	NA	\$4,426,342	\$4,426,342
Intra City	NA	NA	NA	\$259,720	\$269,250
State	NA	NA	NA	\$317,407	\$317,407
Total	NA	NA	NA	\$9,026,244	\$9,035,774
Full-Time Positions	156	183	196	209	208

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Day Care site complaints received	Demand	NA	1,435	NA	1,508	NA	1,663	NA	592
Day Care initial site inspections	Output	NA	10,597	NA	15,419	NA	17,668	NA	6,264

Note: "NA" means that data is not available

Environmental Health - Food Safety

The Department's Bureau of Food Safety and Community Sanitation (BFSCS) provides regular and periodic inspections to assure the safety of what you eat. Beyond enforcing regulations to which food service establishment operations must adhere, Bureau inspectors educate operators of these establishments on food safety practices.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$10,401,090	\$10,864,404	\$10,890,319	\$13,396,537	\$13,470,364
Other than Personal Services	\$5,805	\$15,151	\$809,958	\$1,899,276	\$2,217,856
Total	\$10,406,895	\$10,879,555	\$11,700,277	\$15,295,813	\$15,688,220
Funding					
City Funds	NA	NA	NA	\$14,075,294	\$14,532,581
State	NA	NA	NA	\$1,220,519	\$1,155,639
Total	NA	NA	NA	\$15,295,813	\$15,688,220
Full-Time Positions	179	185	181	215	215

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Food service establishments that fail initial inspection (%)	Outcome	NA	17.5%	NA	19.9%	NA	23.7	NA	28.1%
Restaurants inspected (%)	Outcome	100.0%	99.9%	100.0%	99.9%	100.0%	99.7%	100.0%	29.1%

Note: "NA" means that data is not available

Environmental Health - Pest Control

The Office of Pest Control Services conducts inspections, enforcement, extermination, clean-up and education. The Department seeks to educate property owners and tenants on the best ways to prevent rodent infestations in the first place. When necessary, it will inspect properties with infestations and use its enforcement powers under the NYC Health Code to require property owners and tenants to clean their properties and eliminate conditions that lead to rats.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$8,727,760	\$8,603,433	\$8,567,326	\$9,274,578	\$9,223,164
Other than Personal Services	\$1,112,660	\$2,083,374	\$3,422,131	\$2,957,881	\$1,427,453
Total	\$9,840,420	\$10,686,807	\$11,989,456	\$12,232,459	\$10,650,617
Funding					
City Funds	NA	NA	NA	\$9,755,804	\$9,617,095
Federal - Other	NA	NA	NA	\$110,386	\$0
Intra City	NA	NA	NA	\$1,254,723	\$0
State	NA	NA	NA	\$1,111,546	\$1,033,522
Total	NA	NA	NA	\$12,232,459	\$10,650,617
Full-Time Positions	86	82	82	228	234

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Pest control complaints received by DOHMH (000)	Demand	NA	26.6	NA	26.7	NA	22.5	NA	10.0
Pest control referrals by DSNY to DOHMH (000)	Demand	NA	5.0	NA	5.4	NA	5.9	NA	2.5
Compliance inspections failed due to signs of active rats (as a percent of properties failing initial inspection due to signs of active rats) (%)	Outcome	NA	36.0%	NA	40.0%	NA	48.0%	NA	51.0%
Pest control exterminations performed (000)	Output	85.0	88.1	76.0	53.7	55.0	51.6	55.0	16.6

Note: "NA" means that data is not available

Environmental Health - Poison Control

The New York City Poison Control Center receives over 70,000 calls annually. Calls originate from homes, emergency departments, work sites and wherever exposure to poisonous substances may have occurred. Approximately 90% of these exposures occur in the home, and more than half of these calls to poison centers involve children under the age of five. The Center also produces educational materials including brochures, telephone stickers, and videos which are available free of charge. The Center runs workshops available for children, caregivers/parents, older adults, and community-based organizations. Professional education conferences are also available for health care professionals.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$920,309	\$1,081,663	\$1,115,819	\$1,380,251	\$1,380,251
Other than Personal Services	\$0	\$0	(\$52,652)	\$53,124	\$53,124
Total	\$920,309	\$1,081,663	\$1,063,168	\$1,433,375	\$1,433,375
Funding					
City Funds	NA	NA	NA	\$1,132,760	\$1,132,760
Other Categorical	NA	NA	NA	\$220,000	\$220,000
State	NA	NA	NA	\$80,615	\$80,615
Total	NA	NA	NA	\$1,433,375	\$1,433,375
Full-Time Positions	10	13	12	15	14

Note: "NA" means that data is not available

Environmental Health - Sciences and Engineering

The Bureau of Environmental Sciences and Engineering investigates, assesses, and prevents public health threats from toxic and hazardous materials, ionizing radiation, food-borne illness, and mosquitoes, and monitors the quality and safety of drinking water and recreational water. The Bureau performs emergency and non-emergency environmental investigation; health-hazard assessment and prevention; the licensing, registration, and inspection of radiological materials and ionizing radiation-producing equipment; emergency response; and drinking water surveillance.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$2,338,767	\$2,253,160	\$2,857,601	\$3,853,842	\$2,999,422
Other than Personal Services	\$78,768	\$46,326	\$425,368	\$3,277,780	\$2,723,558
Total	\$2,417,535	\$2,299,486	\$3,282,968	\$7,131,622	\$5,722,980
Funding					
City Funds	NA	NA	NA	\$4,309,814	\$4,310,782
Federal - Other	NA	NA	NA	\$259,792	\$0
Intra City	NA	NA	NA	\$734,183	\$0
Other Categorical	NA	NA	NA	\$140,576	\$140,576
State	NA	NA	NA	\$1,687,257	\$1,271,622
Total	NA	NA	NA	\$7,131,622	\$5,722,980
Full-Time Positions	44	44	48	62	46

Note: "NA" means that data is not available

Environmental Health - West Nile

To prevent the spread of West Nile virus (WNV), the Department actively monitors humans, birds, mammals and mosquitoes for the presence of WNV and performs larval and mosquito control.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$0	\$0	\$280,029	\$362,653	\$362,653
Other than Personal Services	\$0	\$0	\$8,248,304	\$36,000	\$0
Total	\$0	\$0	\$8,528,332	\$398,653	\$362,653
Funding					
City Funds	NA	NA	NA	\$258,018	\$222,018
Other Categorical	NA	NA	NA	\$55,476	\$55,476
State	NA	NA	NA	\$85,159	\$85,159
Total	NA	NA	NA	\$398,653	\$362,653
Full-Time Positions	0	0	2	3	3

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
West Nile virus cases reported	Outcome	NA	5	NA	14	NA	12	NA	NA

Note: "NA" means that data is not available

Epidemiology

The Bureau of Epidemiology Services collects, analyzes and communicates data to monitor and improve the health of New Yorkers. The Bureau uses a multidisciplinary and collaborative approach to serve and respond to the changing needs of New York City's diverse population.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$7,947,252	\$7,846,321	\$8,338,882	\$9,684,263	\$9,364,267
Other than Personal Services	\$45,645	\$94,898	\$3,266,195	\$3,124,987	\$2,326,567
Total	\$7,992,897	\$7,941,219	\$11,605,077	\$12,809,250	\$11,690,834
Funding					
City Funds	NA	NA	NA	\$8,650,162	\$8,320,009
Intra City	NA	NA	NA	\$17,000	\$0
Other Categorical	NA	NA	NA	\$584,459	\$0
State	NA	NA	NA	\$3,557,629	\$3,370,825
Total	NA	NA	NA	\$12,809,250	\$11,690,834
Full-Time Positions	142	133	150	169	167

Note: "NA" means that data is not available

Health Care Access & Improvement - Insurance

This Division administers and monitors Medicaid managed care plans, which deliver health care services to most Medicaid beneficiaries in New York City. The Division executes contractual agreements with managed care plans and monitors the performance of these plans.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$4,043,845	\$4,434,901	\$3,831,416	\$4,629,229	\$4,301,605
Other than Personal Services	\$7,321,764	\$8,215,906	\$8,521,500	\$5,644,759	\$4,321,442
Total	\$11,365,608	\$12,650,807	\$12,352,916	\$10,273,988	\$8,623,047
Funding					
City Funds	NA	NA	NA	\$2,391,591	\$2,253,453
Federal - Other	NA	NA	NA	\$832,674	\$805,981
Intra City	NA	NA	NA	\$4,522,000	\$3,200,000
Other Categorical	NA	NA	NA	\$0	\$45,616
State	NA	NA	NA	\$2,527,723	\$2,317,997
Total	NA	NA	NA	\$10,273,988	\$8,623,047
Full-Time Positions	68	66	57	73	66

Note: "NA" means that data is not available

Health Care Access & Improvement - Oral

The Bureau of Oral Health promotes the oral health of New York City residents through the prevention and control of oral diseases. To expand its reach, the Bureau partners with academic institutions, private corporations and dental organizations. Services are available to children and adolescents at a network of clinics in health centers and community sites such as schools.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$6,292,377	\$6,467,811	\$5,861,021	\$5,910,088	\$5,616,860
Other than Personal Services	\$854,660	\$1,261,840	\$1,873,060	\$843,845	\$848,845
Total	\$7,147,037	\$7,729,651	\$7,734,081	\$6,753,933	\$6,465,705
Funding					
City Funds	NA	NA	NA	\$4,558,915	\$4,362,411
State	NA	NA	NA	\$2,195,018	\$2,103,294
Total	NA	NA	NA	\$6,753,933	\$6,465,705
Full-Time Positions	68	65	55	52	52

Note: "NA" means that data is not available

Health Care Access & Improvement - PCIP

The Primary Care Information Project (PCIP) is a surveillance project, which uses encounter data to monitor health status of outpatients from the Health and Hospitals Corporation (HHC) and Federally Qualified Health Centers (FQHCs). A part of this program is the eClinician.org Project, which will provide 500 Federally Qualified Health Center (FQHC) providers with hand-held personal digital assistants (PDAs), loaded with clinical decision-making support software.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$0	\$0	\$754,924	\$3,131,129	\$2,551,178
Other than Personal Services	\$0	\$0	\$2,635,783	\$15,391,436	\$5,616,171
Total	\$0	\$0	\$3,390,707	\$18,522,565	\$8,167,349
Funding					
City Funds	NA	NA	NA	\$8,957,533	\$4,295,240
Federal - Other	NA	NA	NA	\$1,346,405	\$728,480
State	NA	NA	NA	\$8,218,627	\$3,143,629
Total	NA	NA	NA	\$18,522,565	\$8,167,349
Full-Time Positions	0	0	13	37	17

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Adult New Yorkers without a regular doctor (%) (CY)	Outcome	NA	21.0%	NA	20.5%	NA	21.0%	20.0%	NA

Note: "NA" means that data is not available

Health Care Access & Improvement - PHS

There are more than 100,000 admissions to the New York City prison system each year and the system houses roughly 13,500 inmates and detainees each day. The Office of Correctional Public Health is responsible for managing correctional health services for the City of New York, providing comprehensive medical, and dental services to inmates in the city's correctional facilities.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$9,800,421	\$11,461,323	\$7,453,278	\$8,318,366	\$7,560,635
Other than Personal Services	\$127,479,602	\$130,747,722	\$135,797,306	\$135,796,347	\$146,841,555
Total	\$137,280,023	\$142,209,045	\$143,250,584	\$144,114,713	\$154,402,190
Funding					
City Funds	NA	NA	NA	\$129,733,515	\$138,786,626
Federal - Other	NA	NA	NA	\$53,489	\$203,191
Other Categorical	NA	NA	NA	\$358,577	\$117,060
State	NA	NA	NA	\$13,969,132	\$15,295,313
Total	NA	NA	NA	\$144,114,713	\$154,402,190
Full-Time Positions	171	182	106	110	72

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Correctional Health: Total number of intake exams	Demand	NA	NA	NA	NA	NA	89,052	NA	30,733

Note: "NA" means that data is not available

Health Promotion & Disease Prev - Chronic Disease

The Bureau of Chronic Disease Prevention promotes health behaviors to prevent and control chronic diseases, such as diabetes, heart disease and cancer. The Bureau's approach includes a broad focus on biological, psychological, social and environmental issues. The Department's Asthma Initiative is also found here. The Initiative aims to reduce asthma related illness and death in New York City by promoting asthma control in a variety of settings, including schools, communities and health care institutions.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$1,276,253	\$1,472,371	\$4,279,402	\$5,326,206	\$3,477,542
Other than Personal Services	\$3,038,306	\$2,307,488	\$5,974,007	\$6,559,946	\$2,114,759
Total	\$4,314,559	\$3,779,858	\$10,253,409	\$11,886,152	\$5,592,301
Funding					
City Funds	NA	NA	NA	\$6,443,117	\$3,588,024
Other Categorical	NA	NA	NA	\$337,411	\$0
State	NA	NA	NA	\$5,105,624	\$2,004,277
Total	NA	NA	NA	\$11,886,152	\$5,592,301
Full-Time Positions	21	21	49	74	52

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Adults, aged 50+, who received a colonoscopy in the past ten years	Outcome	43.6%	52.2%	45.2%	55.0%	58.0%	59.7%	60.0%	NA
Hospitalization rate for asthma among children ages 0-14 (per 1,000 children) (CY 04-06)	Outcome	NA	6.5	NA	5.4	5.1	5.4	4.8	NA
Screening rates for breast cancer (CY 02-06) (%)	Outcome	NA	77%	NA	73%	NA	75%	77%	NA
Screening rates for cervical cancer (CY 02-06) (%)	Outcome	NA	81%	NA	80%	NA	81%	83%	NA

Note: "NA" means that data is not available

Health Promotion & Disease Prev - DPHOs

The Department has established three District Public Health Offices (DPHOs) in high-risk neighborhoods: the South and East Bronx, East and Central Harlem, and North and Central Brooklyn. These are areas with persistent and widespread health problems. In each community, the DPHO coordinates and monitors existing public health programs, expands collaboration with other city and state agencies, develops joint projects with community-based organizations, hospitals and clinics to improve health, and ensures that community residents know where to get health care services and information.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$2,988,551	\$3,374,952	\$3,937,806	\$3,397,371	\$3,023,432
Other than Personal Services	\$10,764	\$1,778	\$1,630,451	\$2,805,240	\$2,222,543
Total	\$2,999,315	\$3,376,730	\$5,568,257	\$6,202,611	\$5,245,975
Funding					
City Funds	NA	NA	NA	\$3,745,223	\$3,367,889
Federal - Other	NA	NA	NA	\$364,239	\$0
State	NA	NA	NA	\$2,093,149	\$1,878,086
Total	NA	NA	NA	\$6,202,611	\$5,245,975
Full-Time Positions	44	50	52	56	51

Note: "NA" means that data is not available

Health Promotion & Disease Prev - Maternal & Child Health

The Bureau of Mother, Infant and Reproductive Health plays a vital role in decreasing the disparities that challenge women and men in the areas of sexual reproductive, perinatal and infant health. The Bureau's programs include the Nurse Family Partnership, which is a national nurse home visiting program for low-income, first-time mothers, their infants and families and the Newborn Home Visiting Program, which is a collaboration between the District Public Health Offices (DPHOs) and the Bureau of Mother, Infant and Reproductive Health. The program targets the DPHO neighborhoods of Bedford-Styvesant, Brownsville, Bushwick, East Harlem, Central Harlem and the South Bronx. In these communities, a health worker visits with each new mother to help create a safe and nurturing home for her infant.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$3,077,636	\$3,186,475	\$4,907,191	\$10,124,119	\$12,342,749
Other than Personal Services	\$6,302,518	\$14,580,032	\$21,076,420	\$12,118,030	\$20,209,507
Total	\$9,380,153	\$17,766,507	\$25,983,610	\$22,242,149	\$32,552,256
Funding					
City Funds	NA	NA	NA	\$9,484,588	\$9,567,420
Federal - Other	NA	NA	NA	\$169,597	\$8,950,922
Intra City	NA	NA	NA	\$7,500,000	\$0
State	NA	NA	NA	\$5,087,964	\$14,033,914
Total	NA	NA	NA	\$22,242,149	\$32,552,256
Full-Time Positions	52	58	96	151	150

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Infant mortality rate (per 1,000 live births) (CY 04-06)	Outcome	5.8	6.1	5.6	6.0	5.5	5.9	5.3	NA

Note: "NA" means that data is not available

Health Promotion & Disease Prev - Schools

The Office of School Health promotes the physical, emotional, social and environmental health of schoolchildren in public and non-public schools. Services include counseling, health education and case management that focuses on identifying health problems and making referrals for ongoing treatment. The Office of School Health works with the Department of Education to develop nutrition guidelines and improve compliance with immunizations standards.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$50,762,020	\$54,267,034	\$62,240,994	\$65,675,900	\$66,778,153
Other than Personal Services	\$0	\$0	\$11,680,347	\$16,248,338	\$11,021,733
Total	\$50,762,020	\$54,267,034	\$73,921,341	\$81,924,238	\$77,799,886
Funding					
City Funds	NA	NA	NA	\$47,866,959	\$45,664,293
Intra City	NA	NA	NA	\$682,500	\$0
Other Categorical	NA	NA	NA	\$6,800,526	\$6,800,526
State	NA	NA	NA	\$26,574,253	\$25,335,067
Total	NA	NA	NA	\$81,924,238	\$77,799,886
Full-Time Positions	154	168	164	188	233

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Children in the public schools who have completed required immunizations (%)	Outcome	97.0%	97.4%	97.0%	97.6%	97.0%	98.4%	97.0%	90.0%

Note: "NA" means that data is not available

Health Promotion & Disease Prev - Tobacco

The Tobacco Control Program addresses this epidemic through education, smoking-cessation programs, legal action, taxation and evaluation of policies and activities.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$2,337,883	\$2,806,620	\$1,501,091	\$1,992,011	\$1,969,955
Other than Personal Services	\$1,810,628	\$1,984,693	\$10,709,595	\$13,669,002	\$11,234,273
Total	\$4,148,511	\$4,791,314	\$12,210,685	\$15,661,013	\$13,204,228
Funding					
City Funds	NA	NA	NA	\$8,651,083	\$8,481,934
Other Categorical	NA	NA	NA	\$372,992	\$0
State	NA	NA	NA	\$6,636,938	\$4,722,294
Total	NA	NA	NA	\$15,661,013	\$13,204,228
Full-Time Positions	31	41	22	31	28

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Adults who smoke (%) (CY 04-06)	Outcome	18.9%	18.4%	18.7%	18.9%	18.5%	17.5%	18.2%	NA

Note: "NA" means that data is not available

Mental Hygiene - Chemical Dependency

The Office of Chemical Dependency Services under the City Charter and in accordance with State Mental Hygiene Law, is responsible for planning, contracting, monitoring, and evaluating community mental health, mental retardation and chemical dependency services within the City of New York. The Unit plans and collaborates with other City agencies to provide a variety of specially targeted programs including those for individuals who are homeless or who have co-occurring chemical dependency and mental health or developmental disorders.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$0	\$35,105	\$103,913	\$25,328	\$0
Other than Personal Services	\$46,806,262	\$45,028,892	\$47,821,832	\$56,667,136	\$55,560,578
Total	\$46,806,262	\$45,063,997	\$47,925,745	\$56,692,464	\$55,560,578
Funding					
City Funds	NA	NA	NA	\$19,843,648	\$24,648,549
Federal - Other	NA	NA	NA	\$2,152,594	\$1,000,000
Other Categorical	NA	NA	NA	\$29,357	\$0
State	NA	NA	NA	\$34,666,865	\$29,912,029
Total	NA	NA	NA	\$56,692,464	\$55,560,578
Full-Time Positions	0	2	2	2	0

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Alcohol-related deaths (CY 04-06)	Outcome	NA	1,444	NA	1,450	NA	NA	1,400	NA
Deaths due to drug abuse (CY 04-06)	Outcome	NA	855	NA	906	NA	979	NA	NA
Number of individuals using buprenorphine for the first time (used to treat opiate addiction)	Output	NA	NA	NA	2,880	971	3,326	3,800	1,424

Note: "NA" means that data is not available

Mental Hygiene - Early Intervention

The Early Intervention Program is part of a national effort initiated by Congress in 1986 through the passage of the Individuals with Disabilities Education Act. The law created an entitlement to a wide range of rehabilitative services for infants and toddlers from birth through age two. The New York City Department of Health and Mental Hygiene is the lead City agency, while the New York State Department of Health coordinates the statewide network of services. Early Intervention is a comprehensive interagency program that supports infants and children with developmental delays in their efforts to realize their full potential. It reduces the likelihood of delays among at-risk children, assists and empowers families to meet their child's and their own needs, and entitles children, regardless of race, ethnicity or income, to services through the program.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$0	\$0	\$0	\$2,284,645	\$2,284,645
Other than Personal Services	\$463,854,935	\$470,636,602	\$450,910,636	\$376,697,752	\$450,491,146
Total	\$463,854,935	\$470,636,602	\$450,910,636	\$378,982,397	\$452,775,791
Funding					
City Funds	NA	NA	NA	\$41,650,985	\$111,255,073
Other Categorical	NA	NA	NA	\$224,259,348	\$229,439,393
State	NA	NA	NA	\$113,072,064	\$112,081,325
Total	NA	NA	NA	\$378,982,397	\$452,775,791
Full-Time Positions	0	0	0	31	31

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Children with Early Intervention Program service plans (000) (CY 04-06)	Output	NA	17.6	NA	18.3	NA	17.2	NA	18.9

Note: "NA" means that data is not available

Mental Hygiene - Mental Health Services

The Division of Mental Hygiene Services is responsible for administering contracting actions related to mental health services for adults, adolescents and children. The Division's responsibilities include analyzing issues and problems related to adult and children's services and collaborating with the staff of other City and State agencies. The Division monitors the operations of the Adult Single Point of Access (SPOA) for case management and Assertive Community Treatment (ACT) services, coordinates case management and ACT programs, and administers the Assisted Outpatient Treatment (AOT) program. The Division also monitors the operations of the Children's Single Point of Access (CSPOA) for intensive services, which includes the Children's Home and Community Based Waiver Program, case management programs, family based treatment programs and community residences.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$0	\$0	\$0	\$656,309	\$957,651
Other than Personal Services	\$161,767,712	\$151,102,833	\$159,026,013	\$166,124,231	\$166,677,440
Total	\$161,767,712	\$151,102,833	\$159,026,013	\$166,780,540	\$167,635,091
Funding					
City Funds	NA	NA	NA	\$30,694,302	\$31,667,703
Federal - Community Development	NA	NA	NA	\$553,000	\$553,000
Federal - Other	NA	NA	NA	\$17,102,573	\$16,983,723
State	NA	NA	NA	\$118,430,665	\$118,430,665
Total	NA	NA	NA	\$166,780,540	\$167,635,091
Full-Time Positions	0	0	0	9	12

Performance Measures

	Type of Measure	2005 Annual Target	2005 Annual Actual	2006 Annual Target	2006 Annual Actual	2007 Annual Target	2007 Annual Actual	2008 Annual Target	2008 4-Month Actual
Calls to LifeNet (000)	Demand	NA	67.1	NA	77.1	NA	89.1	NA	28.9
Units of supportive housing available to persons with severe mental health illness diagnosis (000)	Input	12.2	13.3	13.4	13.9	13.9	14.5	15.9	15.1
Individuals in the assisted outpatient mental health treatment program	Output	NA	1,212	NA	1,170	NA	1,099	NA	1,041

Note: "NA" means that data is not available

Mental Hygiene - MRDD

The Division of Mental Hygiene Services is responsible for a wide range of functions in the area of services to the estimated 160,000 residents of New York City who have developmental disabilities. These disabilities include mental retardation, cerebral palsy, autism, epilepsy and a variety of neurological impairments. The Division is the City's official local government unit working with the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). The Division contracts with 50 voluntary agencies (community-based organizations) for 115 programs, serving approximately 38,000 individuals with developmental disabilities and their families.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Other than Personal Services	\$31,222,816	\$29,513,867	\$27,035,548	\$28,157,784	\$28,254,634
Total	\$31,222,816	\$29,513,867	\$27,035,548	\$28,157,784	\$28,254,634
Funding					
City Funds	NA	NA	NA	\$12,198,985	\$12,295,835
State	NA	NA	NA	\$15,958,799	\$15,958,799
Total	NA	NA	NA	\$28,157,784	\$28,254,634

Note: "NA" means that data is not available

Office of Chief Medical Examiner

The Office of the Chief Medical Examiner provides all forensic pathology in New York City and provides in-house administrative support to its scientific and medical staff. Funding is also for the purchase of supplies, materials and other services required to support the Chief Medical Examiner's operations.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$26,780,854	\$29,017,673	\$35,596,146	\$41,787,547	\$40,627,378
Other than Personal Services	\$12,613,930	\$10,584,214	\$25,855,220	\$28,431,098	\$17,674,767
Total	\$39,394,784	\$39,601,887	\$61,451,366	\$70,218,645	\$58,302,145
Funding					
City Funds	NA	NA	NA	\$52,209,867	\$47,878,203
Federal - Other	NA	NA	NA	\$4,158,290	\$0
State	NA	NA	NA	\$13,850,488	\$10,423,942
Total	NA	NA	NA	\$70,218,645	\$58,302,145
Full-Time Positions	408	432	528	810	815

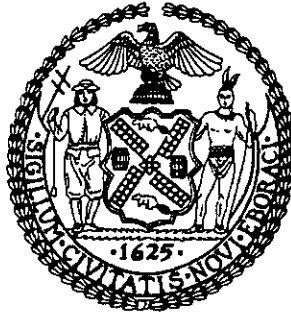
Note: "NA" means that data is not available

World Trade Center

This program administers a comprehensive and confidential health survey of those most directly exposed to the events of September 11th. This allows health professionals to compare the health of those most exposed to the events of September 11th with the health of the general population. Funding under this program also is used for mental health services for World Trade Center responders.

	2005 Actuals	2006 Actuals	2007 Actuals	2008 Budget (Jan 24, 2008 Financial Plan)	2009 Preliminary Budget
Spending					
Personal Services	\$872,884	\$610,816	\$1,110,296	\$4,455,339	\$3,380,118
Other than Personal Services	\$319,831	\$683,445	\$1,097,449	\$12,324,030	\$10,551,715
Total	\$1,192,714	\$1,294,261	\$2,207,746	\$16,779,369	\$13,931,833
Funding					
City Funds	NA	NA	NA	\$4,435,328	\$4,066,345
Federal - Other	NA	NA	NA	\$11,157,669	\$8,976,784
State	NA	NA	NA	\$1,186,372	\$888,704
Total	NA	NA	NA	\$16,779,369	\$13,931,833
Full-Time Positions	7	8	26	62	50

Note: "NA" means that data is not available



Fiscal 2009 Preliminary Budget Hearings

Department of Health and Mental Hygiene (Capital)

March 2008

*Hon. Christine C. Quinn
Speaker of the Council*

*Hon. David I. Weprin, Chair
Committee on Finance*

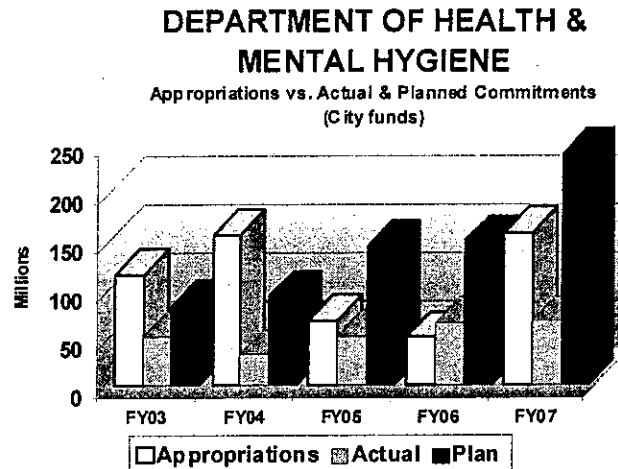
*Hon. Joel Rivera, Chair
Committee on Health*

*James Caras, Acting Director
Finance Division*

Agency Overview

The Department of Health and Mental Hygiene (DOHMH) is an important part of public safety. DOHMH preserves core public health infrastructure and protects New Yorkers from existing and emerging threats. Currently the agency maintains twenty-two public health facilities, including its Public Health Laboratory. Community-based services include three District Public Health Offices, seven immunization walk-in clinics, nine tuberculosis test centers, and fifteen sexually transmitted disease clinics. DOHMH provides HIV/AIDS prevention and support services; health services at over 850 schools; mental health, mental retardation, developmental disability services, and chemical dependency prevention and treatment. Early intervention services to developmentally delayed infants and toddlers. DOHMH is also responsible for the health and mental health care of those in the City's Adult correctional facilities; and prevention and control services that address diseases such as heart disease, tobacco dependency, cancer and diabetes. The agency issues reports on health conditions and community health assessments, as well as birth and death certificates. Inspects restaurants and day care facilities and investigates environmental health hazards such as pests and lead poisoning.

DOHMH's capital program goals include facility compliance with applicable codes, rules and regulations; renovation of facilities requiring immediate repair and maintenance to ensure quality conditions within these facilities; enhancement of DOHMH's automation systems; renovation of laboratories requiring immediate repair; identification of new technology that can assist DOHMH in performing critical public health and safety functions; and improvement of the process of inventory assessment at DOH facilities and replacement of all critical equipment on a regular basis.



Current Budget Summary

The January 2008 Capital Commitment Plan includes \$535.9 million in Fiscals 2008-2011 for the Department of Health. This represents one percent of the City's total \$ 52.5 billion January Plan for Fiscals 2008-2011. The agency's January Commitment Plan for Fiscals 2008-2011 is 59.5 percent greater than the \$335.9 million scheduled in the September Commitment Plan, an increase of \$200 million.

Over the past five years the Department of Health has committed an average of 37.5 percent of its annual capital plan. Therefore, it is assumed that a large portion of the agency's Fiscal 2008 capital plan will be rolled into Fiscal 2009 thus greatly increasing the size of the Fiscal 2009-2012 capital plan. Since adoption last June, the Capital Commitment Plan for Fiscal 2008 has showed no change, remaining at \$213.8.

Currently, the Department of Health's appropriations total \$200.7 million in city-funds for Fiscal 2008. These appropriations are to be used to finance the Department of Health's \$193.6 million city-funded Fiscal 2008 Capital Commitment program. The agency has only 3.7 percent more funding than it needs to meet its entire capital commitment program for the current fiscal year.

Fiscal 2009 Preliminary Capital Budget Report

The Department of Health's capital commitments for the last five years are shown below:

FIVE YEAR HISTORY – CAPITAL BUDGET (\$ in millions)

	FY03	FY04	FY05	FY06	FY07
CITY	52	32	52	65	66
NON-CITY	2	0	0	0	0
TOTAL	54	32	52	65	66

The Adopted Four-Year Capital Plan is shown below:

ADOPTED CAPITAL BUDGET – SEPTEMBER 2007 (\$ in millions)

	FY08	FY09	FY10	FY11	FY's 08-11
CITY	213.8	45.1	17.2	59.7	335.9
NON-CITY	0	0	0	0	0
TOTAL	213.8	45.1	17.2	59.7	335.9

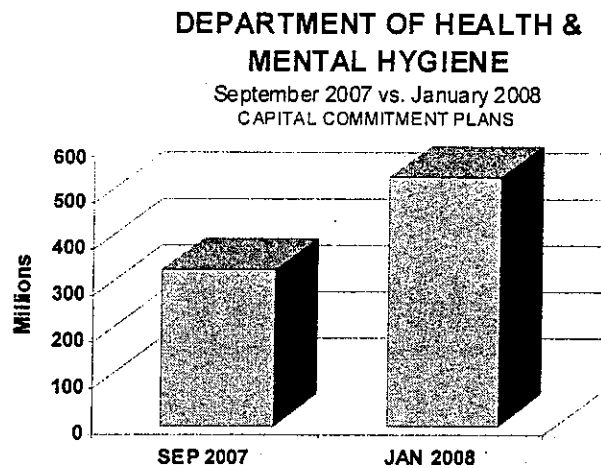
The Preliminary Four-Year Capital Plan is shown below:

PRELIMINARY CAPITAL PLAN – JANUARY 2008 (\$ in millions)

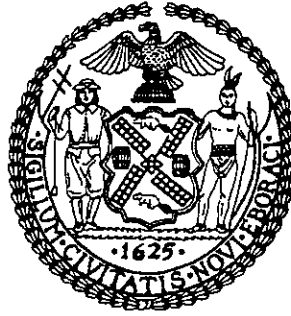
	FY08	FY09	FY10	FY11	FY's 08-11
CITY	213.8	65.1	47.2	209.7	535.9
NON-CITY	0	0	0	0	0
TOTAL	213.8	65.1	47.2	209.7	535.9

PRELIMINARY BUDGET HIGHLIGHTS:

- The Department of Health and Mental Hygiene has been working closely with the New York City Council and the Administration to resolve issues with regard to problematic non-city owned projects. A task force was assembled to address these issues as well as create guidelines for the future funding of non-city owned projects.



- DOHMH has unveiled plans to create a new Public Health Lab. There are just over \$200 million in planned commitments in Fiscals 2008-2011. This includes \$300,000 in Fiscal 2008, \$20 million in Fiscal 2009, \$30 million in Fiscal 2010, and \$150 million in Fiscal 2011. The Public Health Lab when complete will replace their current laboratory located at 455 First Avenue in Manhattan. The purpose of the new building would be to bring the lab up to industry standards and create a more efficient lab layout. Currently a site has yet to be identified, but some sites under evaluation include East River Science Park, Brooklyn Army Terminal, and CUNY Brookdale Campus. Also in question is the viability of renovating the First Avenue facility. DOHMH currently has appropriations totaling \$26.2 million in the budget for the replacement of generators in the First Avenue facility.
- Other major projects currently being managed by DOHMH include the new Medical Examiner facility in the Bronx totaling \$30.2 million in Fiscals 2008 and 2009. Façade rehabilitation at the Richmond Health Center in Staten Island totaling \$15.6 million in Fiscals 2008-2013 and the emergency exterior rehabilitation at Riverside totaling \$22.1 million in Fiscals 2008-2013.



Fiscal 2009 Preliminary Budget Hearings

Health & Hospitals Corporation (Capital)

March 2008

*Hon. Christine C. Quinn
Speaker of the Council*

*Hon. David I. Weprin, Chair
Committee on Finance*

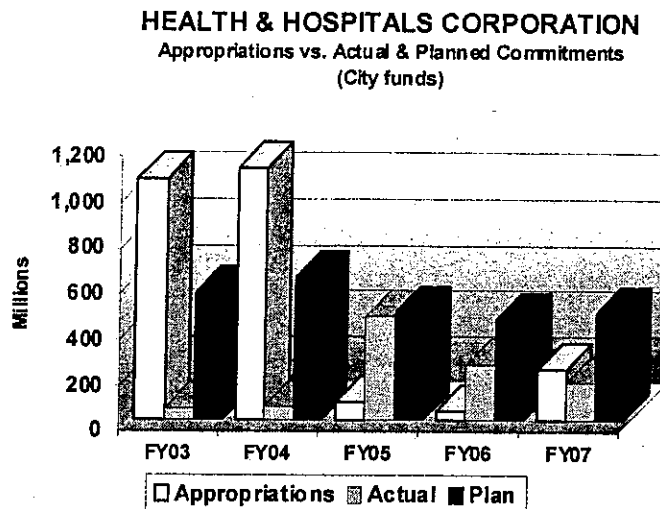
*Hon. Joel Rivera, Chair
Committee on Health*

*James Caras, Acting Director
Finance Division*

Agency Overview

The Health and Hospitals Corporation (HHC), a public benefit corporation, is the successor entity for the Department of Hospitals and is the sole operator of New York City's municipal hospital system. HHC's responsibilities extend to the provision of comprehensive medical, mental health, and substance abuse services to residents of the City regardless of their ability to pay.

Under a 1992 financial agreement signed with the City, HHC has the authority to develop a consolidated annual expense and revenue budget, which is then approved by HHC's Board of Directors and subsequently by the City. The agreement allows HHC to develop non-city funding sources for new programs and allows for the retention of any surpluses during a fiscal year. Additionally, the agreement provides for payment of the City's tax levy to HHC in a lump sum thereby indemnifying the Corporation against changes in the City's budget during a fiscal year.



HHC leases its facilities and equipment from the City at a cost of \$1 per year. The corporation operates 11 acute care hospitals; 4 long-term care facilities; 6 diagnostic and treatment centers; a certified home health agency; and more than 100 community-based health clinics. During the course of Fiscal 1998, HHC integrated 39 child health clinics, 7 Communicare clinics, 16 fixed oral health clinics, and 32 portable health clinics into the Corporation's regional facilities networks.

As of 1996, HHC no longer operated the citywide Emergency Medical Services (EMS). HHC is also the lead agency in developing and providing comprehensive primary care services via the City's Communi-care and managed care health initiatives. HHC also operates some facilities, which are financed by the New York State Housing Finance Agency (HFA) and leased to the City on behalf of HHC.

HHC's capital program primarily consists of major construction of Kings County Campus Modernization Phase II, III and IV, Coney Island Hospital New Bed Tower, Jacobi Medical Center Acute Care Facility Modernization, Queens Hospital Phase II (The New Ambulatory Care Pavilion), Major Modernization of Harlem Hospital Center, Gouverneur Health Care Services and the OCME DNA Lab construction on the Bellevue Campus.

Fiscal 2009 Preliminary Capital Budget Report

Current Budget Summary

The January 2008 Capital Commitment Plan includes \$905.9 million in Fiscals 2008-2011 for the Health and Hospitals Corporation (including City and Non-City funds). This represents 1.7 percent of the City's total \$52.5 billion January Plan for Fiscals 2008-2011. The agency's January Commitment Plan for Fiscal 2008-2011 remains unchanged since the September plan.

Over the past five years Health & Hospitals Corporation has only committed an average of 37.5 percent of its annual capital plan. Therefore, it is assumed that a large portion of the agency's Fiscal 2008 capital plan will be rolled into Fiscal 2009 thus greatly increasing the size of the Fiscal 2009-2012 capital plan. Since adoption last June, the Capital Commitment Plan for Fiscal 2008 has showed no change, remaining at \$544.1 million.

Currently the Health & Hospitals Corporation appropriations total \$398.1 million in city-funds for Fiscal 2008. These appropriations are to be used to finance the Health & Hospitals Corporation \$482.3 million city-funded Fiscal 2008 Capital Commitment program. The agency is short by 17.5 percent from meeting its entire capital commitment program for the current fiscal year, but will be addressed at the Executive Budget.

Fiscal 2009 Preliminary Capital Budget Report

The Health and Hospitals Corporation's capital commitments for the last five years are shown below:

FIVE YEAR HISTORY - CAPITAL BUDGET (\$ in millions)

	FY03	FY04	FY05	FY06	FY07
CITY	50	58	451	243	167
NON-CITY	0	0	0	0	0
TOTAL	50	58	451	243	167

The Adopted Four-Year Capital Plan is shown below:

ADOPTED CAPITAL BUDGET – SEPTEMBER 2007 (\$ in millions)

	FY08	FY09	FY10	FY11	FY's 08-11
CITY	544.1	124.0	101.5	136.3	905.9
NON-CITY	0	0	0	0	0
TOTAL	544.1	124.0	101.5	136.3	905.9

The Preliminary Four-Year Capital Plan is shown below:

PRELIMINARY CAPITAL PLAN – JANUARY 2008 (\$ in millions)

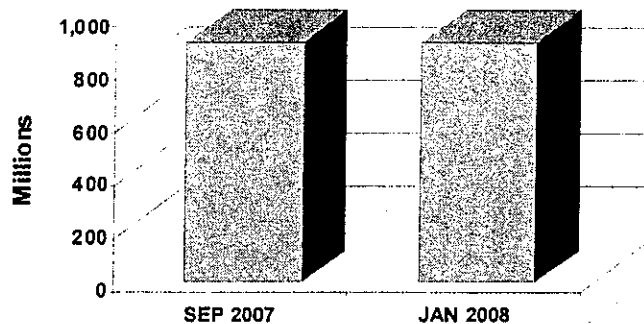
	FY08	FY09	FY10	FY11	FY's 08-11
CITY	544.1	124.0	101.5	136.3	905.9
NON-CITY	0	0	0	0	0
TOTAL	544.1	124.0	101.5	136.3	905.9

PRELIMINARY BUDGET HIGHLIGHTS:

- At the Fiscal Year 2008 Executive Budget hearings the addition of approximately \$300 million into the Health and Hospitals Corporation's (HHC) capital budget was discussed. These funds are spread out over the course of ten years and are to be used for Hospital-wide construction projects associated with ongoing maintenance and equipment purchases. The Administration felt it would be less expensive to pay for HHC

capital projects with General Obligation (GO) bonds instead of the usual HHC bond proceeds. In an effort to be more transparent, HHC has since divided the projects into two categories, planned and active. Overall, active projects total \$92.3 million and planned projects total \$213.5 million. Some active projects include:

HEALTH & HOSPITALS CORPORATION
September 2007 vs. January 2008
CAPITAL COMMITMENT PLANS



- **Kings County Hospital Center**
 - Exterior façade renovation Phase III (\$16 million)
 - Renovate "A" building both ground and first floor (\$4.7 million)
- **Jacobi Medical Center**
 - Renovate / Relocate Oncology & Infusion services departments (\$3.5 million)
 - Pediatric Renovation (\$2.2 million)
 - IT Equipment (\$5.2 million)
- **Metropolitan Hospital Center**
 - Elevator Modernization (\$2.6 million)
 - Replace Air Handling Units (\$2 million)
 - Renovate Adult CPEP Unit, Pediatric ER & Express Care (\$2.225 million)
- **Elmhurst Hospital Center**
 - Emergency Department Expansion and Renovation (\$4.9 million)

ONGOING MAJOR PROJECT HIGHLIGHTS:

- **Harlem Hospital Modernization**

- Renovate the existing Martin Luther King Pavilion, and construct a new pavilion on Lenox Avenue that will connect the King Pavilion, Lenox Avenue and the Ron Brown Ambulatory Care Pavilions to create a unified complex. Included in the modernization plan of the Harlem Hospital Center is the renovation of the inpatient bed tower; construction of a new FDNY Emergency Medical Service (EMS) garage, and the restoration of art murals located on the campus. This project is scheduled for completion sometime in 2009.

- **Gouverneur World Trade Center (WTC) Clinic**

- On September 20, 2007, HHC announced the opening of two new WTC clinics to be located at Gouverneur Healthcare Services and Elmhurst Hospital Center. These clinics will provide free treatment to people with 9/11-related illnesses, and will be available to anyone who lived, worked or went to school in Lower Manhattan and parts of Brooklyn, or who helped in the WTC cleanup process.

- **Kings County Hospital Center**

- The construction of a new Behavioral Health Center. A seven story, 300,000 square foot facility will be constructed to provide for 230 private and semi-private Inpatient Mental Health and Chemical Dependency beds, a new Psychiatric Emergency Center, and a wide range of outpatient and day treatment programs. The new Behavioral Health Center will replace and consolidate services now provided in seven older buildings on campus. Construction began in July 2005 and is scheduled for completion by the fall of 2008.

- **Jacobi Medical Center**

- Phase II of the Jacobi Medical Center modernization provides for a four-story, ambulatory care pavilion, connected to the main hospital by a galleria and courtyard. Services in building will include: Behavioral Health-Day Treatment, Oncology/Radiation Therapy, Pediatrics-Primary/Specialty Care, Ophthalmology, Physical & Occupational Therapy, Orthopedic Rehabilitation, HIV Care, and Dermatology. This project is scheduled for completion in 2008.

THE BRONX HEALTH LINK, INC.



**TESTIMONY OF ROBERT LEDERER,
RESEARCHER AND POLICY ANALYSIS FOR
THE BRONX HEALTH LINK, INC.**

**Public Hearing by the City Council Health Committee on
The Mayor's Preliminary Budget for FY 2009
March 11, 2008**

My name is Robert Lederer, and I am the Researcher and Policy Analyst for the Bronx Health Link, Inc., a clearinghouse for members of the health and human service delivery system of the Bronx. We reach over 500 members and agencies that actively participate in an electronic mailing list and numerous workgroups, advisory boards and task forces. Through a contract with the NYC Department of Health and Mental Hygiene under the Infant Mortality Reduction Initiative (IMRI) and a contract with the NYS Department of Health to operate the Perinatal Information Network, we work extensively with the community and health care providers to improve birth outcomes, prenatal care and the reproductive health of Bronx women. Thank you for the opportunity to testify today.

The Bronx's rates of infant mortality, maternal mortality, and percentages of prematurity, low birth weight, teen pregnancy, and late or no prenatal care exceed -- in some cases substantially -- those of the city and the country. Several of our poorest neighborhoods have been particularly hard hit. In addition, a large racial disparity remains with African American and Latino mothers and babies at greatest risk.

The rate of infants dying before the age of one year continues to be shockingly high. The city's infant mortality rate among African Americans continues to be double that of whites, with Puerto Ricans close behind. The Department of Health and Mental Hygiene has noted, "If the infant mortality rate among African Americans decreased to that of whites, nearly 200 fewer babies would die each year." Meanwhile, more than 10% of infants born in the Bronx--the highest percentage of any borough--have low birth weight, which puts them at much higher risk of serious health problems and even death. In addition, the maternal mortality rate for the Bronx continues to exceed the citywide rate. Studies indicate that as many as half of all pregnancy-related deaths could be prevented if women had better access to health care, received better quality care, and made changes in their health and lifestyle habits. According to the Health Department's Vital Statistics Report issued in January 2008, the citywide infant mortality rate decreased to 5.9 per 1,000 live births in 2006, a historic low for the city. However, the report also states that the decline in the infant mortality rate was mainly due to an increase in the number of live births, not a reduction in infant deaths; in fact, infant deaths increased from 732 in 2005 to 740 in 2006. Furthermore, the rate is still extraordinarily high in

the following community districts: Mott Haven (12.7), Williamsbridge (11.6) and Morrisania (9.6); Brownsville (11.0) and East New York (10.5) in Brooklyn; and Central Harlem (11.0) in Manhattan.

Teenage mothers are much less likely to obtain prenatal care, and are at especially high risk for serious illnesses; their babies are at a higher risk of low birth weight and preterm delivery. In some communities in the Bronx, the percentage of teen births is twice the Manhattan figure. For the period of 2004- 2006, Mott Haven and Hunts Point, had the highest percent of births to teens at 15.8%; in addition East Tremont (14.9%), Morrisania (14.7%), and Morris Heights/University Heights (13.0%) all in the Bronx were also in the highest quintile for teen births in the city.

Despite severe health challenges, there are thousands of women who survive and do well in the borough. Many of the risk factors for maternal and infant illness and death are well-known and are the subject of the many workshops, trainings, fact sheets and newsletters generated by the Bronx Health Link and delivered to pregnant and nursing women and their care providers. It is primary prevention to ensure that pregnant women receive services that they need so that they do not have a low birthweight baby, or worse so that the infant does not die before its first birthday. Funding under the IMRI Initiative provides for these types of services including outreach, case management, health education to women and referrals, to name a few of the vital services provided by local Bronx community based agencies, hospitals, health centers and others. Still, funding remains inadequate to reach all those in need. Thus it is imperative that the FY 2009 Budget continue at least this year's level of \$4.8 million for this life-saving program—which yet again has been removed from the Mayor's budget. It would be utterly shortsighted and self-defeating to compensate for the very real budget deficit by further reducing the already inadequate funding for programs urgently needed by the most disenfranchised communities. Aside from the obvious moral issue, such penny-wise decisions will merely result in later pound-foolish ballooning of costs for neonatal intensive care. Prenatal care is key to healthy pregnancy and childbirth, and must start early to be fully effective. In 2005, 24% of pregnant women in the Bronx obtained late or no care, and the percentages were higher in Unionport/Soundview, Concourse/Highbridge, Morrisania, Mott Haven, and Hunts Point. In addition, 41% of Bronx pregnant women obtained what the Health Department deemed inadequate prenatal care. Thus, programs for education, counseling and direct services for pregnant and nursing mothers and their infants need to be created, funded, and implemented, or -- where they exist -- greatly expanded.

More than half of the mothers giving birth in the Bronx are immigrants, overwhelmingly from Latin America, and these numbers grow every year. More than half of Bronx residents speak a language other than English (mainly Spanish). Although the State Patients' Bill of Rights requires that a hospital provide interpreters in any language spoken by at least 1% of the hospital's service area, a 2005 study by the New York City Comptroller¹ found that nearly

¹ City of New York, Office of the Comptroller, Getting in the Door: Language Barriers to Health Services at New York City's Hospitals, January 10, 2005. Available at http://www.comptroller.nyc.gov/press/2005_releases/pr05-01-004.shtml (accessed January 23, 2007).

75% of the 51 hospitals surveyed failed to provide Spanish-language services to callers. A 2006 report by the New York Academy of Medicine found that half of the city's immigrants reported that language barriers led to reduced quality care for their children and prevented them from fully using healthcare services.² More than a year ago, State regulations went into effect requiring hospitals to provide interpretation services for patients with limited English proficiency. Thus, it is critical that the \$1 million in funds allocated this year for HHC Translation Services be restored to next year's budget.

An estimated 20% of women of childbearing age statewide are uninsured. A recent study found that hospitalized children who lack health insurance are twice as likely to die from their injuries as those with insurance. In this regard, it is vital to restore the \$6 million in funds to the city's network of Child Health Clinics, which serve infants, children and adolescents regardless of the parents' ability to pay. In addition, it is important for all uninsured and underinsured patients that the Council reinstates the \$2.4 million in funding for the HHC Outpatient Medication Waivers, which covers those who cannot afford the \$10 fee per prescription.

In summary, the Bronx's shameful infant and maternal mortality rates can be reversed. The health of our youngest and poorest can be protected. Access to health services for non-English-speakers can be enhanced. We strongly urge you to pass a budget that restores funding for the Infant Mortality Reduction Initiative, HHC Outpatient Medication Waivers, Child Health Clinics, and HHC Translation Services.

Thank you for your time and attention.

Contact information:

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² New York Academy of Medicine, Language as a Barrier to Healthcare for New York City Children in Immigrant Families, May 2006. Available at <http://www.nyam.org/news/2668.html> (accessed January 23, 2007).

THE BRONX HEALTH LINK, INC.



SUMMARY OF HEALTH BUDGET ITEMS (FY 2009 Budget) RECOMMENDED BY THE BRONX HEALTH LINK AND THE COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

In light of the Bronx's continued disproportionately high levels of infant mortality, low birth weight, premature births, and inadequate prenatal care (and pressing needs in all boroughs to bring down unacceptable levels of these problems), the Bronx Health Link urgently recommends restoring funds for the following programs excluded -- yet again -- from the Mayor's Preliminary FY09 Budget:

- **Infant Mortality Reduction Initiative (\$4.8 million - \$7.5 million with state matching funds)**

The City Council has funded, and increased funding, for community-based organizations in targeted communities that do outreach, education, advocacy, and provide supportive services to pregnant and parenting at risk woman and their families. According to the Health Department's Vital Statistics Report issued in January 2008, the citywide infant mortality rate decreased to 5.9 per 1,000 live births in 2006, a historic low for the city. However, the report also states that the decline in IMR was due to an increase in the number of live births, not by a reduction in infant deaths; in fact infant deaths increased from 732 in 2005 to 740 in 2006. The rate is still extraordinarily high in the following community districts: Mott Haven (12.7), Williamsbridge (11.6) and Morrisania (9.6); Brownsville (11.0) and East New York (10.5) in Brooklyn; and Central Harlem (11.0) in Manhattan. It is primary prevention to ensure that pregnant women receive services that they need so that they do not have a low birthweight baby, or worse so that the infant does not die before its first birthday.

- **Child Health Clinics (\$6 million - \$8.8 million with state matching funds)**

The 29 remaining Child Health Clinics are critical, small, community based services for preventive and primary care. Children need periodic check-ups to ensure that they are growing up healthy or to catch problems early. The Child Health Clinics are an important way of providing these services in local communities. While the Bronx is home to high numbers of children and adolescents under the age of 18, only three Child Health Clinics are located in the borough.

THE BRONX HEALTH LINK, INC.



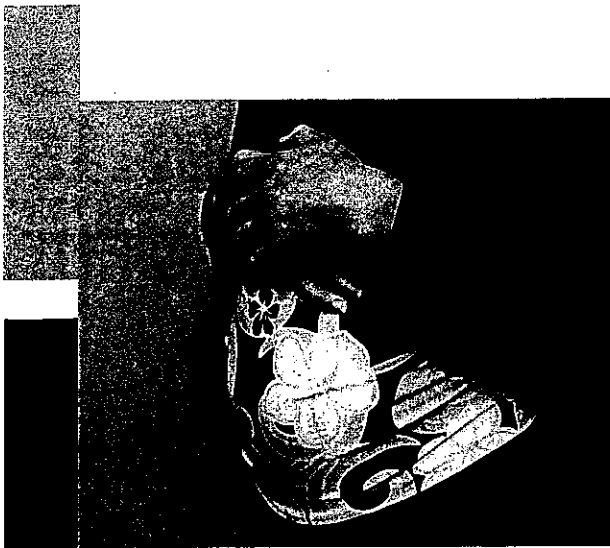
The Bronx Health Link at a Glance

Created in 1998, The Bronx Health Link is a clearinghouse of information addressing health issues in the Bronx. The mission of TBHL is to improve community health by identifying and organizing emerging community health issues, increasing communications to better serve the community; providing information to providers and community residents on services and resources and increasing access to available services and programs. We meet this mission by addressing gaps in local services and fostering opportunities for collaboration and cooperation to maximize services and prevent duplication of services. TBHL was born of the realization that community members and others are not involved in public health planning and decision-making. Though TBHL serves the entire borough, our focus is on low-income neighborhoods with the highest for risk poor health outcomes. Most of these are located in the 16th Congressional District, the poorest in the U.S.

We focus on health education and promotion programs through the Comprehensive Prenatal Perinatal Services Network grant from the NYS Department and as the Bronx Regional Coordinating Body (RCB) under the Infant Mortality Reduction Initiative from the NYCDOHMH. We conduct a year round outreach campaign addressing the importance of prenatal care, relying primarily on educational interventions that employ educational workshops, one-to-one contact with community residents at health fairs, community forums, and other venues and in the distribution of brochures, flyers, and other materials disseminated in the community and through our 45 Resource Centers. We conduct bilingual educational workshops in partnerships with health and social service providers. Last year, we provided over 75 workshops to over 1000 women, men and young people in both Spanish and English. We sponsor an e-communication network which reaches the 450 members of the list serv where we post daily health-related information. We also conduct community-based research/policy work around health issues affecting women, children and their families in the Bronx. We produce a yearly maternal infant community profile and conduct focus groups. We have three program-specific Community Advisory Boards which inform and assist staff in the development and implementation of new programs and services. There are 8 full-time staff persons; all of the members of the Advisory Boards are volunteers; we also support three peer educators and interns from the Lehman College MPH program who assist us with research and program development.

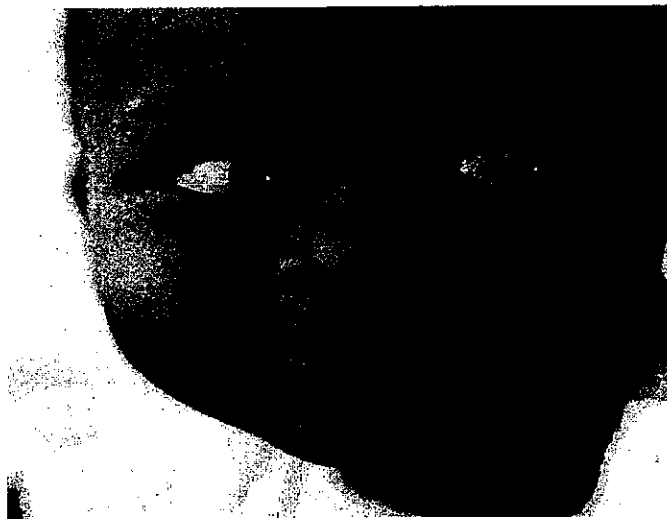
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The Bronx Health Link



Executive Summary: A Profile of Maternal and Infant Health in the Bronx (2007-2008)

Funding provided by the NYCDOHMH



Introduction

This is an Executive Summary of the *Profile of Maternal and Infant Health in the Bronx for 2007-2008*, prepared by the Bronx Health Link. The full report is a compilation of data from national, state and local sources highlighting the current state of reproductive and maternal health in the Bronx. The development and distribution of this document was made possible by funding from the New York City Council Infant Mortality Reduction Initiative and the New York City Department of Health and Mental Hygiene (NYCDOHMH).

About the Bronx Health Link, Inc.

Created in 1998, The Bronx Health Link is a clearinghouse of information addressing health issues in the Bronx. The mission of TBHL is to improve community health by identifying and organizing around emerging health issues, increasing communications, providing information and increasing access to available services and programs. Though TBHL serves the entire borough, our focus is on low-income neighborhoods with the highest risk for poor health outcomes.

The focus of our work is health education and promotion programs through the Comprehensive Prenatal Perinatal Services Network grant from the NYS Department of Health and the Infant Mortality Reduction Initiative funding from the NYCDOHMH. We conduct a year-round outreach campaign, relying primarily on educational interventions that employ workshops, one-to-one contact with community residents and in the distribution of brochures, flyers, and other materials disseminated in the community and through our 45 Resource Centers. We conduct bilingual educational workshops in partnerships with health and social service providers.

We sponsor an e-communication network where we post daily health-related information. We conduct community-based research such as surveys, focus groups, and interviews. We have three program-specific Community Advisory Boards which inform and assist staff in the development and implementation of new programs and services.

The Bronx Health Link, Inc.

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Copies of this report can be obtained by calling us at (718) 590-8512 or emailing Robert Lederer at bob@bronxhealthlink.org.

March 2008

EXECUTIVE SUMMARY

Overview: While advances have been made across the country in the field of maternal and infant health, the Bronx lags behind on all key indicators. The borough's rates of infant mortality, maternal mortality, and percentages of prematurity, low birth weight, teen pregnancy, and late or no prenatal care exceed—in some cases substantially—those of the city and country. Several of the poorest neighborhoods are hit particularly hard. This year's *Profile of Maternal and Infant Health in the Bronx* attempts to go deeper than previous reports, beginning to analyze the underlying causes of these distressingly high rates.

The key thread running through almost every measure of maternal and infant health is the presence of stark racial disparities between whites and people of color (who constitute 94% of the women giving birth in the Bronx), particularly African Americans and Puerto Ricans. What might explain this? According to Ronald David, a physician, professor and co-author of the recent research on infant mortality by the Joint Center for Political and Economic Studies, "For many years, the operating theory in the health community has been that the high incidence of infant deaths among African-Americans is attributed to higher teen pregnancy rates, single motherhood, lower education levels, poverty and, most recently, genetic causes. However, we found that infant mortality for Blacks remained high even when all these factors were controlled." And last September, the NYC Health Department reported, "The race gap persists even when poverty is taken out of the equation. Infants born to higher-income Black women died at nearly three times the rate of those born to higher-income white women." What, then, might be the hidden cause? According to Dr. Michael Lu, an obstetrician-gynecologist and professor at UCLA and a leading researcher on racial disparities, "We know that stress is an important risk factor [for infant mortality], and it initiates the release of stress hormones leading to preterm birth and increase susceptibility for infection."

There are several likely mechanisms by which the stresses of daily life in a disenfranchised, impoverished community damage the health of women of color and their developing fetuses:

- One study found that "African American mothers who delivered very low birth weight (VLBW) preterm infants were more likely to report experiencing interpersonal racial discrimination during their lifetime than African American mothers who delivered non-LBW infants at term."
- Research by Dr. Lu and his colleagues found that, as one summary put it, "the disproportionately higher number of fast-food restaurants and liquor stores, lower number of grocery stores and the higher cost of fresh produce in many urban, predominately Black communities caused poorer pregnant Black women to make stressful choices about what to eat and where to live. So did...worries about sending children to poorly equipped, understaffed schools."
- Stress is one cause of gestational hypertension (high blood pressure during pregnancy). One research team found a strong link between that condition -- disproportionately present among Black women -- and adverse birth outcomes.
- Another likely mechanism is stress leading to vaginal infections, which Black women experience at higher rates. One study found that "African Americans were...more likely than women in other groups to deliver preterm if any of these infections were present." It also noted that "individual and community-level stressors" such as housing density and poverty "all influence the likelihood of acquisition of STIs [sexually transmitted infections]."

There are also economic barriers to high-quality care which have a disproportionate effect on people of color. Two-thirds of Bronx births are to women on Medicaid, and many remain

uninsured. According to a 2005 report by Bronx Health REACH (Racial and Ethnic Approaches to Community Health): "Even within the same institutions, the uninsured, people covered by Medicaid, and sometimes, even those enrolled in Medicaid Managed Care, Family Health Plus and Child Health Plus, receive poorer quality care in different locations, at different times, and by less trained physicians than those who are privately insured – a practice that is prohibited by the Patient Bill of Rights and Medicaid Managed Care contracts...In New York a private physician providing a comprehensive visit to a new Medicare (elderly) patient is paid six times as much as when he [or she] provides the same service to a Medicaid (poor) patient. Such discrepancies virtually ensure unequal access to care." In addition, there is often inadequate transportation and child care for poor women to obtain these services. There are also many barriers to applying for and renewing Medicaid coverage.

The failure of many doctors and other care providers to communicate vital health information to patients in an understandable and culturally appropriate manner constitutes yet another barrier to high-quality care.

Notwithstanding the poor health indicators documented in this profile, thousands of women and infants are surviving and thriving in the borough. The methods that can enlarge their numbers are well known. Prenatal care, a key to maintaining maternal and infant health, needs expansion, as do supportive prenatal, birthing and postnatal services. Programs for education, counseling and direct services concerning many of the issues identified in this report need to be created, funded, and implemented, or – where they exist – greatly expanded.

Infant Mortality: The rate of infants dying before the age of one year continues to be shockingly high in the Bronx (7.1 infant deaths per 1,000 live births in 2006)—exceeding the city (5.9) and national rates (6.8) (which themselves are far worse than those of most industrialized countries) and the federal Healthy People 2010 goals. In 2006, within the Bronx, the highest infant mortality rates are in Mott Haven (12.7), Williamsbridge (11.6) and Morrisania (9.6). Mirroring national trends, the infant mortality rate in New York City among African Americans continues to be double that of whites, with Puerto Ricans close behind.

Sudden Infant Death Syndrome (SIDS): SIDS – sudden unexplained infant deaths despite thorough investigations – have declined dramatically in recent years, both nationwide and in the Bronx. This may be partly due to educational campaigns emphasizing the importance of putting infants to sleep on their backs, which greatly reduces the risk of SIDS. Maternal smoking and second-hand smoke are other important risk factors for SIDS, and there are campaigns against these exposures as well.

Prematurity: Babies born before 37 weeks of gestation are at extremely high risk for serious, sometimes lifelong illness, disability, and possibly death. Percentages of babies born prematurely have been increasing nationally and in the city. Many premature babies also have low birth weight. As with other maternal and infant health problems, African American/Black and Latino infants have much higher risk of being born preterm than white infants. In 2005, 10.2% of babies born in the Bronx were premature. Bronx districts with the highest percentages were Morrisania (12.8), Williamsbridge (11.1), Concourse/Highbridge (10.6), University/Morris Heights (10.5), East Tremont (10.5), and Unionport-Soundview (10.4).

Low Birth Weight: Infants with low birth weight (less than 5 pounds, 8 ounces) are at much higher risk of serious health problems and SIDS. Factors such as maternal smoking and use of alcohol play key roles in causing low birth weight. In 2006, 10.2% of infants born in the Bronx were born with a low birthweight, a higher percentage than that of any other borough or the NYC total (8.9%). Citywide, African American/Black babies (closely followed by Puerto Rican babies) were almost twice as likely as white babies to have low birth weight.

Prenatal Care: Prenatal care is key to healthy pregnancy and childbirth, and must start early to be fully effective. In recent years, higher proportions of pregnant women nationally have obtained timely prenatal care. In 2005, 24% of pregnant women in the Bronx obtained late or no care, a higher percentage than for the whole city. Higher still were such percentages in the following Bronx neighborhoods: Mott Haven (32.6%), Hunts Point (30.3%) and Concourse/Highbridge (29.6%).

Teen Pregnancy: Teenage mothers are much less likely to obtain prenatal care, and are at especially high risk for serious illnesses; their babies are at a higher risk of low birth weight and preterm delivery. The Bronx, like the city and country, has seen a drop in the percentage of teen births over the past decade, but in 2006, 11.9% of all live births in the Bronx were to teenagers (age under 20), the highest of the five boroughs in NYC. This rate was about two times higher than the percentage of live births to teenagers in Manhattan (5.9%), Queens (6.1%), and Staten Island (5.9%). Within the Bronx, percentages are even higher in Mott Haven (15.8%), Hunts Point (15.8%), East Tremont (14.9%), Morrisania (14.7%), University/Morris Heights (13.0), and Concourse/Highbridge (12.1). In 2006, 79.2% of the women under age 20 who had live births in the Bronx were on Medicaid.

Breastfeeding: Breastfeeding is key both to the full health and development of the baby and to the mother's health. Numerous studies have correlated this practice with lower levels of infant diarrhea, ear infections, pneumonia, meningitis, obesity, and asthma, as well as several maternal illnesses. It is now the standard recommended for at least the first six months of life. Percentages of mother who breastfeed have increased steadily over the past decade and a half nationally and in New York City, with the highest percentage increase among African Americans. Nonetheless, exclusive breastfeeding (breastfeeding only and not utilizing formula) remains uncommon, particularly among low-income women and women of color. This is due to such factors as employers' refusal to make accommodations, lack of social support, and social stigma.

Maternal Illness and Mortality: Among the more common illnesses faced by pregnant women are hypertension, hemorrhage, ectopic (tubal) pregnancy, and infection. Other health risks come from domestic violence, smoking, and drug abuse. For the period of 2003-2005, the maternal mortality rate for the Bronx (at 29.9 maternal deaths per 100,000 live births) continues to greatly exceed the citywide rate (23.1). Citywide, Black women die at a rate over 15 times higher than do white women.

Domestic Violence and Pregnancy: Three to four million women in the United States are beaten in their homes each year by their husbands, ex-husbands, or partners. Pregnant women are especially vulnerable. Studies have found that pregnant women subjected to violence are far more likely to suffer from high blood pressure, vaginal bleeding, and hospitalization during pregnancy, and to deliver preterm and/or low-birth-weight babies.

Cesarean Sections: Cesarean section has become the country's most common surgery, at levels far above the recommended maximum of 15% of all deliveries set by the World Health Organization (WHO). Nationwide, 30% of all births are by C-sections, and the New York City level is nearly as high, 29%. The percentage of births by C-sections at Bronx hospitals was 27.5 -- far above the WHO upper limit. The NYC Public Advocate has recommended "an initiative that prioritizes reducing the cesarean rate, emphasizes continued research into the risks associated with the procedure, and establishes 'best practice' procedures for all health care facilities and providers in New York City."

HIV/AIDS: Rates of HIV infection among women continue to rise nationwide, with unsafe heterosexual sex now the predominant risk. In 2006, the Bronx had a rate of HIV diagnoses was 62.4 per 100,000 population, second to Manhattan at a rate of 70.5; particular Bronx

neighborhoods had high rates such as Hunts Point-Mott Haven (102.5), Highbridge-Morrisania (95.4), and Crotona-Tremont (82.2). Despite availability of powerful antiretroviral drugs, women with AIDS continue to die at higher proportions than men. However, NYC cases of perinatal HIV transmission declined from 334 in 1990 to 13 in 2005 (7 of which were in the Bronx).

Postpartum Depression: Estimates of postpartum depression incidence among new mothers nationally range from 5 to 25%. Depression has significant effects on women's relationships, their ability to nurture their newborn, and their overall quality of life. Effective treatments exist for depression, but because many women are unable to define their feelings as depression or because of the social stigma of depression, many women do not disclose their symptoms to their medical provider. There is some evidence that routine depression screening of women in obstetric or in pediatric settings can increase the detection of mental illness and referrals for services.

Risk Factors for Maternal and Infant Health

Nutrition: Maternal weight can profoundly affect infant health – underweight mothers are at risk of birthing an underweight baby, and obese women are at risk for pregnancy complications, birthing a malformed baby, and contracting various diseases later in life.

Alcohol: Drinking alcohol—even small amounts—during pregnancy can cause physical and mental birth defects. Each year, more than 40,000 babies are born with some degree of alcohol-related damage, and 1,300-8,000 have Fetal Alcohol Syndrome (FAS), a combination of physical and mental birth defects.

Illicit Drug Use: A range of illicit drugs (particularly heroin, cocaine, Ecstasy, crystal meth) poses risks for both unborn babies and their mothers. A nationwide survey of pregnant women found that 4% used illicit drugs, mostly marijuana, plus another 1% who made non-medical use of prescription drugs. There can be barriers for pregnant women drug users in obtaining prenatal care and drug treatment. For example, some drug-using women, fearing loss of custody if detected, are deterred from seeking care. Thus, the women most in need of services are often alienated from prenatal care.

Exposure to Environmental Pollutants

Air Pollution: Research by Columbia University in the South Bronx, Washington Heights and Harlem found that all mothers and newborns studied had been exposed to a type of hydrocarbon – a particle formed by burning substances like diesel fuel – which easily enters homes and was linked to low birth weight, slowed mental development, asthma and cancer. The Bronx has especially high levels of slow-moving, diesel-fuel-burning truck and bus traffic due to: numerous waste transfer and recycling plants; large wholesale produce markets; and the heavily-trafficked Cross Bronx Expressway. In addition, the borough houses a huge sewage-into-fertilizer treatment plant that emits dangerous heavy metals such as lead, iron and zinc.

Chemicals: Some four million-plus chemical mixtures are in homes and businesses nationwide. While little information is available on the effects of most during pregnancy due to the lack of government-mandated testing by manufacturers, many are known to be harmful to an unborn baby. A pregnant woman can inhale these chemicals (such as from household cleaning products), ingest them in food, drink or the containers holding them (such as tin cans and certain plastic baby bottles), or, in some cases, absorb them through the skin (such as through lotions and shampoos). In addition, pregnant women are advised to avoid pesticides, since

studies have suggested that high levels of exposure may contribute to miscarriage, preterm delivery and birth defects.

Cigarette Smoke: The percentage of pregnant women who smoke has been steadily dropping for many years, currently around 10% – lower among Latinas and African Americans/Blacks than whites. Cigarette smoke, whether from the mother's smoking or second-hand smoke, endangers both the mother's and infant's lives. Infants born to smoking mothers are 65% more likely to have low birth weight and 70% more likely to die in infancy than infants born to nonsmokers, and children of mothers exposed to smoke during pregnancy were found to have postponed development.

Lead: Exposure to high levels of lead during pregnancy contributes to miscarriage, preterm delivery, low birth weight and developmental delays in the infant. Lead toxicity in children – found at higher levels among African Americans and Latinos -- is characterized by behavioral and learning problems and anemia.

Mercury: Mercury is a metal that mainly gets into our bodies by the fish we eat. Prenatal exposure to high levels of this metal can severely damage the nervous system of developing babies, leading to brain damage, learning disabilities and hearing loss, or death.

Health Insurance Status

Medicaid Usage: In 2005, 12.0% of the 7.4 million women of reproductive age nationwide utilized Medicaid for their care. Of the 125,506 births in NYC in 2006, approximately 53% were covered by Medicaid – and 68.2% of births in the Bronx (versus about a third nationwide). Districts with even higher proportions of delivering women on Medicaid are Mott Haven, Hunts Point, Unionport/Soundview, Concourse/ Highbridge, Fordham, and Williamsbridge. In NYC, the racial distribution of Medicaid-covered births was 43% Latinos, 28% Blacks, 14% Asian/Pacific Islanders, and 15% whites.

The Uninsured: The Bronx has a higher percentage of uninsured under-65 adults (29%) than the country at large (18%). Being uninsured threatens the health of the individual who often delays treatment because of a lack of access to care. In New York State, an estimated 20% of women of childbearing age are uninsured. Numerous studies have found that uninsured pregnant women are less likely to receive prenatal care than women who have private insurance.

In conclusion, this *Health Profile* is not merely an academic report – it is a **call to action**. The conditions facing many Bronx women and children – particularly African Americans and Latinas – are atrocious, producing a catalogue of shamefully unnecessary suffering and death in stark contrast to the outcomes in many wealthier and whiter communities. But many of the barriers to improved health identified in these pages *can be dismantled* by concerted policy changes and institutional improvements. Achieving that will take organized advocacy efforts through a partnership of health professionals and consumers in these communities. We intend this report to be a useful tool for such an effort, a catalyst for change.



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Charlynn Goins, Chairperson
Alan D. Aviles, President

NEW YORK CITY COUNCIL
FISCAL YEAR 2009
PRELIMINARY BUDGET HEARING

COMMITTEE ON HEALTH

ALAN D. AVILES
PRESIDENT

NEW YORK CITY
HEALTH AND HOSPITALS
CORPORATION

MARCH 11, 2008

Good afternoon Chairpersons Rivera and Sears, members of the Health Committee and other distinguished members of the New York City Council. I am Alan D. Aviles, President of the New York City Health and Hospitals Corporation (HHC). Thank you for the opportunity to discuss the fiscal year 2009 Preliminary Budget and HHC's Financial Plan.

Before I discuss the Preliminary Budget and Financial Plan, I would like to share with you some of our current and future challenges, most notable achievements over this past year, and some of what we expect to accomplish in the year ahead.

Dramatic change in healthcare seems certain over the next few years, fueling both hope and anxiety. There is hope, engendered by the presidential primary campaigns' focus on the crisis of the uninsured, that progress will be made toward universal healthcare coverage in the coming years. It also appears that government, at the federal and state levels, may finally begin to re-think whether it makes sense to continue paying for healthcare in ways that perpetuate a predominately passive approach of caring for the sick, rather than investing in more proactive efforts that keep patients and communities as healthy as possible.

However, there is also anxiety that the pursuit of simple approaches to the complex problems in healthcare may take us backward, potentially restricting access even further and deepening the inequities in an already inequitable system. Indeed, the federal administration recently proposed slashing Medicaid, Medicare and other healthcare

spending by \$200 billion over the next five years, and has issued or proposed federal regulations that would cut billions more in Medicaid funding that supports public hospitals specifically.

Although it is unlikely that all of these proposed federal reductions will occur, the sheer magnitude of the cuts proposed is chilling, and would disproportionately affect communities that are already underserved.

The concentration on healthcare spending cuts reflects the legitimate concern that the projected growth of spending in healthcare is unsustainable and requires radical intervention. New executive leadership at the federal level may deal with the growing crisis of spiraling healthcare costs differently, but there is a growing consensus across party lines that the status quo is untenable and fundamental change inevitable.

At the state level, our governor is proposing both cuts and far-reaching budget and Medicaid program reforms in the state's approach to reimbursement of health care services. On balance, we support most of these reforms, which seek over the course of the next three or four years to make Medicaid reimbursement more rational and equitable.

However, the state is also proposing to use its purchasing power to channel volume for certain high cost services – initially bariatric surgery and breast cancer surgery – to a handful of hospitals on the theory that this will lower cost while improving quality. While such selective contracting may help to develop cost-effective centers of

excellence in the future, we are deeply concerned about the extent to which access to essential services and new treatments or procedures may be limited, especially for patients traditionally served by our public hospitals.

However the current federal and state budget proposals play out, some things are clear going forward. Cost-containment pressures will intensify, and greater efficiencies will be demanded. Hospitals and providers will be compelled to report comparative quality and patient safety data and such data will be made available to the public. With hospitals soon to be ranked publicly on the basis of patient satisfaction, patients will become less accepting of poor service. Competition for patients, including newly insured patients, will undoubtedly increase and not all hospitals are assured of long-term survival, as we have seen.

This unfolding turbulent future will be challenging. As in the past, we will fight proposed changes that unfairly target safety net providers in ways that threaten our mission. Wherever possible, we will anticipate the trajectory of the forces of reform. And we will seize the opportunity to embrace and drive impending change that makes sense for our patients and furthers our mission.

We will remain steadfast in our core mission of affording broad access without regard to ability to pay or immigration status. As in the past, our intensely mission-driven agenda will continue to attract and help us to retain deeply committed and talented personnel at every level of our organization. We also appreciate that the Council strongly

supports our mission and for that reason has been a stalwart champion of every HHC facility.

Unfortunately, we recently have had another advantage that is less enduring. Our success over the last few years has been enabled greatly by the unwavering support of Mayor Michael Bloomberg who has less than two years remaining in his term. Once again this past year, the Mayor made evident the City's support for the public hospital system by funding the expansion of our World Trade Center (WTC) Environmental Health Center, a program that began at Bellevue and in the past year has been expanded to include sites at Elmhurst and Gouverneur.

By the middle of this year, we will have significantly increased our capacity to treat patients – including area residents and day laborers involved in the clean-up – who suffer from illnesses related to the immediate aftermath of the 9/11 attack. We will continue to work closely with community-based organizations to conduct outreach throughout the five boroughs to ensure that affected residents and workers are aware that these specialized healthcare resources are available to them at no charge. While the WTC Environmental Health Center provides expanded access of a highly targeted kind, we continue our efforts to provide broad access to those who most need our services.

Increasing Access in Staten Island

In Staten Island, for example, last year we supported the expansion of primary care capacity for low-income and uninsured Staten Island residents in several ways. While we worked to create more permanent solutions, we extended the temporary Staten

Island Health Access program (SIHA) through June 2008 to enable low-income, uninsured Staten Islanders to continue receiving primary and select specialty care from private community physicians. We also continued to fund a local community-based organization to help eligible low-income Staten Islanders obtain government insurance programs for which they are eligible. Through this program, we have facilitated access to affordable health care for more than 4,500 Staten Island residents.

Our efforts to expand primary care capacity permanently in the borough include providing financial support to the Community Health Center of Richmond. We have financed a physical expansion at the Center's Port Richmond Avenue site that should be completed this summer. By the end of this summer, we will bring a new source of affordable primary care to communities across the borough, through a state-of-the-art mobile medical clinic. This will be operated by HHC staff. In addition, we have purchased a site at 155 Vanderbilt Avenue that will be the home of a future HHC ambulatory care center and we are seeking an additional site from which to provide health services.

HHC Options Program

This past year we revised our HHC Options Program to make care more affordable for very low-income New Yorkers, even as we maintained heavily discounted fees to families with incomes up to four times the federal poverty level. We eliminated all outpatient fees for pregnant women and children of families with incomes below 250% of the federal poverty level. For patients at the lowest income levels, we reduced our already

modest prescription drug fees – to \$2 – to further lower barriers to services that people need. And we appreciate the Council’s continued funding toward the costs we incur in providing prescription drugs to uninsured patients. We are promoting our HHC Options Program broadly with marketing material that has been translated into the twelve languages most commonly spoken by our patients. In the first six months of this fiscal year, we had enrolled 95,419 people in our HHC Options Program.

Capital Investments for the Future

To ensure that HHC is positioned to meet the needs of the next generation of New Yorkers, we continue to move forward with an ambitious capital program to systematically rebuild large portions of our aging infrastructure.

Over the past three years, we have completed construction on major modernization projects totaling more than \$700 million on the campuses of six facilities. Over the next five years, we will complete major projects on the campuses of five facilities constituting nearly \$750 million in additional capital investment.

Replacing Major Information Technology Systems

To sustain and accelerate the pace of the clinical performance improvements we have made and to meet the financial challenges that lie ahead, the replacement of our outdated information systems is critical. A new revenue cycle management system was selected this past year that, among other things, will ensure that we optimize our collection of revenues due us from third-party payors for all services provided to our

patients. In addition, later this year, we will commence a competitive procurement process for a new electronic medical record (EMR) system that will guide and support more comprehensive and consistent evidence-based care. We project that the implementation of these two new systems will cost approximately \$315 million over the next five years.

Enhancing Quality and Safety

We are pursuing enhanced quality and patient safety across many fronts. HHC facilities continue to perform above national and local averages on federal quality performance indicators that measure our adherence to evidence-based medicine in the treatment of heart attack, heart failure and pneumonia, as well as in the prevention of surgical infection. Beyond that, we are improving patient outcomes in significant ways through a broad array of initiatives that reflect our proactive approach to prevention as well as to screening and the early detection of disease.

Over the past three years, our efforts around smoking cessation, colon cancer screening and expanded HIV testing have advanced meaningfully, with significant measurable benefits to our patients. Last year, we increased participation in our smoking cessation program for the third year in a row, enrolling roughly 23,000 patients. Over the past three years, we have helped more than 25,000 patients successfully quit smoking.

We also continue to focus heavily on cancer screening. Last fiscal year, HHC facilities performed 90,000 mammograms and 165,000 cervical cancer screenings. For

the third year in a row, we also performed more than 20,000 colonoscopies, considerably more than twice the number performed just four years ago. As a result, we are more often detecting colon cancer at an earlier stage when the prognosis is better.

With the significant financial support of the Council, we have engaged in a major push to make HIV testing a more routine part of care across our emergency departments, inpatient units, and many outpatient clinics. We increased HIV testing by 50% and tested more than 92,000 patients in fiscal year 2006. During fiscal year 2007, we achieved another 45% increase and tested roughly 134,000 patients. As a result, over the past two years we have identified and linked to care more than 3,000 patients who were HIV positive and did not know it. That means a better long-term prognosis for those patients as well as a reduction in the likelihood of transmission of the HIV virus to others. We expect to test more than 150,000 patients for HIV this fiscal year; and more than 160,000 in fiscal year 2009.

Developmental Care, Breastfeeding and Palliative Care

Let me highlight three other, more recent, system-wide initiatives with equal promise that we have ramped up during the last year. Two of these initiatives focus on the health of infants.

In our neonatal intensive care units (NICU), we are re-engineering the physical environments, as well as implementing evidence-based protocols that have been demonstrated to improve survivability and outcomes for fragile infants born very

prematurely. In 2007, all NICU staff – about 600 people – were trained in these nurturing developmental care protocols.

This past year we also committed ourselves to improving the health of babies born in our facilities by doing everything possible to promote and support breastfeeding. With dedicated grant funding from DOHMH, we have deployed breastfeeding coordinators at each of our hospitals. These staff are educating expectant mothers about the health benefits of breastfeeding during prenatal care and actively supporting successful breastfeeding post-delivery.

We have discontinued the routine practice of distributing free formula samples and formula marketing materials to all mothers; although we, of course, make formula available to mothers who cannot or who choose not to breastfeed. The percentage of new mothers who are discharged exclusively breastfeeding their well infants increased to 34% in 2007, and it is our goal to reach 50% by the end of this calendar year.

Even as we more effectively address the needs of our patients and families as a new life begins, we are endeavoring to do a better job toward life's end. Over the course of this fiscal year, we have allocated dedicated funding to support the deployment or strengthening of palliative care services at each of our hospitals.

Now that our patients and providers have increasing access to expert palliative care as an option for end of life (and chronic pain) situations, fewer patients are spending

their last days in an ICU – with all of the high tech, invasive indignity which that entails – and are opting instead for closure with family and friends in greater comfort and with less trauma. This past calendar year, approximately 1,500 patients received palliative care services across HHC. This coming year, we expect that number to increase as our palliative care services, supplemented by contracted home hospice services, mature further.

Stepping Up the Fight Against Chronic Disease

Chronic disease drives much of the cost in our nation's healthcare system and disproportionately impacts the communities served by HHC. For this reason, we have spent the past three years developing and putting in place evidence-based best practices that help our patients manage their chronic disease more effectively. We have placed an emphasis on asthma, diabetes, congestive heart failure and depression. During this fiscal year, we deployed dedicated chronic disease coordinators in every network and have leveraged clinical IT solutions, including our electronic chronic disease registries, to support this work.

The incidence of diabetes in our City has doubled over the past ten years and the trend lines still point upward. We have nearly 50,000 patients with diabetes receiving primary care at HHC facilities and the implications of poorly controlled diabetes for these patients and their families are enormous.

With the stakes so high, this year we will be targeting additional resources to support the more effective management of diabetes. For example, we will be expanding a successful telehealth pilot program conducted by our home health agency.

This past year, by embedding a screening tool in our electronic medical record, we also began to make depression screening a routine part of our primary care services and we screened 72,000 patients across our system. We will endeavor to increase that number by 50% in fiscal year 2009 and to screen virtually all of our primary care patients who have diabetes. We know that untreated depression can be a significant impediment to engaging patients in the management of their diabetes and other chronic disease.

Patient Safety

Patient safety is an extremely important dimension of quality, one with the power to change the public's perception of overall quality at HHC's hospitals. In 2007, we deepened the dialogue with staff around patient safety at widely attended leadership forums and through an effective employee awareness campaign. We pressed forward with a wide range of patient safety initiatives. Among other things, we focused on:

- preventing hospital-acquired infections;
- reducing out-of-ICU cardiac arrest with rapid response teams;
- reducing the incidence of pressure ulcers;
- reducing suicide risks;
- implementing electronic medication administration;
- screening and treating patients at heightened risk for deep vein thrombosis;

- improving management of severe sepsis;
- preventing patient falls; and
- increasing employee influenza vaccination rates.

Our system-wide efforts to reduce the incidence of ventilator-associated pneumonia (VAP) and central line-associated blood stream infections among ICU patients have been dramatically effective. During 2006 we recorded a 30% drop in central line infections and a 65% drop in ventilator-associated pneumonia cases. Preliminary results for 2007 reflect significant additional declines in both types of hospital-acquired infections. In addition, we have achieved a 50% decrease in the incidence of pressure ulcers over the past year. Although the final results of this year's employee flu vaccine campaign are not in, the data we have indicates that the rate of employee vaccination has increased by more than 50% above last year's rate.

Our patient safety initiatives in the aggregate have contributed to a steady reduction in patient harm and preventable deaths. Although the acuity of our patients – as measured by each hospital's case mix index – has increased over the past four years, our system-wide mortality rate has dropped for each of those years. As a result, about 880 fewer patients died across our system this past year as compared to four years ago, despite the fact that we had more inpatient admissions and patients on average were more acutely ill. This is an extraordinary accomplishment for which our facility leadership and staff can rightly feel proud.

Transparency

This past year, HHC was featured in the 2008 Progress Report of the Institute for Healthcare Improvement as a national leader in using transparency to drive performance improvement. This recognition is a reference to our taking a bold step last year to post on our public website important quality and patient safety data. Much of this type of data is not otherwise publicly available for other hospitals in this state. In a new section of our website entitled “HHC in Focus,” for example, we posted our system-wide and hospital-specific data reflecting mortality rates and hospital-acquired infection rates. We believe that sharing this data will engender greater confidence in our facilities and is evidence of our commitment to quality improvement and safety.

Next month, we will update the current data in “HHC in Focus” to reflect our performance during calendar year 2007 and we will add new data reflecting the outcomes of our work in treating and managing chronic disease. For example, a series of performance indicators reflecting the health status of our adult patients with diabetes will be posted on a system-wide and facility-specific basis, allowing the public to monitor whether we are being successful in bringing more diabetic patients into good control over the coming years.

All of our efforts to provide safer care, to better manage chronic disease, and to provide care that prevents or diagnoses disease at an early stage, confirm the commitment of all HHC staff to our patients and our mission.

I have provided an overview of the past year's accomplishments and a preview of some of what we expect to do in the coming year. All is not rosy, of course, because we face significant budget challenges at the federal, state and city levels.

In particular, the budget proposals put forth by President Bush, that I mentioned earlier, would cut Medicare reimbursement to HHC by \$67 million in 2009 and \$628.7 million over the next five years. More troubling are the projected \$520 million in cuts in federal Medicaid funding per year that our system would experience if three regulatory changes put forth by the federal Center for Medicaid and Medicare Services (CMS) are enacted. Last year, Congress wisely imposed a one-year moratorium on two of the proposed regulatory changes. This moratorium expires on May 25th, 2008. We are working closely with members of New York's Congressional delegation to extend the moratorium for at least one more year and to include the third regulation that is not yet covered by the existing moratorium. I ask that you contact your colleagues in Washington and urge them to do all they can to get this moratorium extended.

I indicated that we are supportive of many of the policy reforms in the proposed budget for state fiscal year 2008-09. The proposed state budget includes an expansion of the Child Health Plus Program; investments in outpatient services; and the creation of financial incentives to encourage doctors to maintain, establish or expand practices in underserved areas. The state also proposes significant revisions to the methodologies used to determine inpatient reimbursement rates, and payments for ambulatory care. When the inpatient rate changes are fully implemented in 4 years, HHC hospitals could

lose approximately \$160 million. However, if the outpatient rate changes are also implemented, HHC facilities would gain nearly \$114 million towards the cost of the emergency room, clinic and ambulatory surgery services we provide. While the outpatient reforms substantially mitigate the inpatient revenue losses, there are certain budget proposals that represent unmitigated cuts in Medicaid funding and may have a substantial adverse effect on specific services we deliver. Most notably, funding for hospitals that operate inpatient detox services would be reduced dramatically. In the case of HHC hospitals, the proposed changes would mean a reduction of \$27 million. The proposed state budget also includes a “take back” of funds anticipated by nursing homes from increased reimbursement rates that had been agreed to by the governor and legislature in the 2006-07 state budget, but have not yet been approved by the federal government. This would result in a loss of \$7 million in funds for our long term care facilities.

Overall, the net impact of the state executive budget proposals is a loss of \$28 million to HHC in state fiscal year 2008-09; and a loss of \$118 million a year in state fiscal year 2012-13 when the changes are fully implemented. We will continue to advocate that the state legislature revise some aspects of the proposed budget to mitigate these impacts.

Financial Plan

In terms of the City budget, the January Financial Plan included a PEG program of 2.5% in fiscal year 2008 and 5% for the out-years. In order to meet this target, we will

reimburse the City for increases in its debt service and A-87 expenses on our behalf.

This proposal will result in a reduction of approximately \$20 million over the life of the Financial Plan.

As you know, our base funding for fiscal year 2009 does not include the \$21.8 million in funding that the Council restored last year for the operation of the Child Health and Communicare clinics; behavioral health programs; HIV and TB programs; and the pharmacy fee waiver program. Specifically, unless funding is restored in fiscal year 2009 we will receive:

- \$2.4 million less for the provision of waivers of our outpatient pharmacy fees;
- \$6.2 million less for substance abuse, mental health and mental retardation/developmental disabilities programs;
- \$12.2 million less for the operation of child health clinics and Family Health/Communicare clinics; and
- \$1.0 million less for HIV and TB services

The HHC Financial Plan for fiscal year 2009 includes \$6 billion in expenditures and \$4.8 billion in baseline revenues. Therefore, we are facing an above the line gap of more than \$1.2 billion in fiscal year 2009. This gap is largely due to the loss of revenue from several sources that is not in the current baseline.

Over the past several years, we have received large payments from prior year retroactive Disproportionate Share (DSH) payments. The decline in DSH funding in the

Financial Plan for fiscal year 2009 of more than \$300 million is based on prior year payments that are non-recurring and, accordingly, are not reflected in the Plan. In fiscal year 2008, HHC anticipates \$140 million for outstanding retroactive Medicare appeals dating back to 1992. However, we do not anticipate significant recoveries from appeals in future years. Additionally, due to pending federal legislation, the availability of the Upper Payment Limit funds of \$432 million is at risk for fiscal year 2009 (as well as for future years); therefore this revenue is shown below the line. The Plan also reflects the end of a multi-year state grant (i.e., Community Health Care Conversion Demonstration Program) and the cessation of a workforce retraining and recruitment grant resulting in a revenue loss of approximately \$45 million.

The HHC Financial Plan assumes modest increases in the cost of personal services—1.25 percent per annum for the life of the Plan. In addition, the Financial Plan reflects significant increases in fringe benefits in fiscal year 2009. Most noteworthy, our pension costs and health benefits are scheduled to increase by approximately \$30 million. The Financial Plan forecasts increases in other than personal services (OTPS) of about 3 percent in fiscal year 2009 and 2.5 percent thereafter. We anticipate that our contracts with affiliate organizations providing physician and other clinical services will grow at an average rate of 4 percent per annum. To sustain this level of modest growth will require that we continue to leverage our volume to find strategic purchasing opportunities to lower our OTPS costs. The Financial Plan assumes about \$200 million per annum for debt service costs. We are concerned about the affect the recent changes in the bond

market will have on our variable rate debt. Accordingly, there is a risk that we may face increases in interest expense of as much as \$4 million per year.

As you can see, the road ahead has many challenges in terms of HHC securing adequate funding to sustain our mission and to ensure that we can continue to transform for the better our delivery of health care to 1.3 million New Yorkers.

This concludes my written testimony. I now look forward to listening to your comments and answering your questions.



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

Testimony

of

Thomas R. Frieden, M.D., MPH

Commissioner

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

regarding

FY2009 Preliminary Budget

March 11, 2008

City Hall

Committee Room

New York City

Good morning Chairperson Rivera and members of the Committee on Health. My name is Dr. Tom Frieden and I'm Health Commissioner for New York City.

The Year in Review

In the past year there has been progress toward many of our **Take Care New York** health policy goals. More than 260,000 more New Yorkers had a regular doctor in 2006 than in 2002; more New Yorkers over 50 are getting colonoscopy screenings - an increase that is occurring across race, ethnicity, income level and insurance status; smoking rates continue to decline, especially among teenagers; and childhood lead poisoning continues to decline.

HIV/AIDS testing rates continue to rise, while the number of adults testing positive and the number dying from AIDS continues to fall. As part of our HIV prevention strategy, in 2007 the Department distributed more than 36 million condoms through 900 outlets in at-risk neighborhoods. This is a seven-fold increase from previous years.

The Health Department is also supporting an increased focus on prevention through Health Information Technology. New York City's new electronic health records (EHRs) guide doctors through routine medical exams, reminding them, for example, to provide preventive screenings, prescribe the most effective drugs to reduce blood pressure and cholesterol, offer vaccines, and give smokers the support they need to quit. By visually tracking measures such as cholesterol and blood pressure control, the record gives doctors and patients the information they need to chart progress and maximize health.

Our prevention-oriented EHR is already in use at more than 200 primary-care providers across the poorest and sickest neighborhoods in the city, improving care for more than 200,000 New Yorkers. The City is on track to meet its goal of equipping more than 1,000 local health care providers with EHRs, creating the nation's largest community-based EHR installation. DOHMH is also helping practices that use other types of EHRs to integrate prevention tools into their practice.

In July 2007, the Health Code provision to prohibit the use of artificial trans-fat for frying and spreading took effect, and by September 2007 virtually all restaurants were in compliance. The rate of compliance remains high and we expect similar results when the complete prohibition on the use of artificial trans-fat goes into effect this summer. Five jurisdictions have since passed laws to eliminate trans-fat and nearly 40 national chains have already removed trans-fat from their preparation process.

The Department's effort to help New Yorkers have a healthy baby continues to be successful. Last month, the Nurse Family Partnership reached its 1000th family, making New York City's program the largest in the nation. Women who are pregnant for the first time are encouraged to call 3-1-1 to find out if they are eligible to take part.

The Year Ahead

Before discussing the Department's priorities for the coming year, let me discuss our FY2009 budget. The Mayor's January Plan imposed budget cuts for most agencies, including DOHMH, equaling 2.5% of FY08 City Tax Levy (CTL) and 5% of CTL per year for the out years. The Department achieved our targets by diversifying our funding streams, improving our claiming

processes, and initiating a variety of administrative efficiencies. However, we were impacted by a citywide headcount reduction initiative that began immediately in FY08 and will expand in FY09. Furthermore, as the fiscal outlook worsens and Federal and State aid looks less likely to materialize, all City agencies have been directed to prepare an additional 3% reduction for next fiscal year and beyond.

While we believe we will be able to minimize the effect of these budget actions, it is not possible to fully avoid an impact on services. Some successful programs, such as the Newborn Home Visiting Program, will be unable to expand—resulting in thousands of fewer families receiving visits; the Community Health Survey may be scaled back so that we can no longer provide community-specific annual information on health status; some projects may have to decrease their current capacity; improvement of clinical services, such as the new, more accurate TB test Quantiferon may have to be discontinued at DOHMH Chest Centers in communities throughout the city as a result of a \$2.5M cut in Federal TB control funding; and basic services, including birth and death certificate processing, will be challenged to improve current customer service levels.

Improvements in public health are helping New Yorkers live longer. The death rate in New York City reached an all-time low in 2006, as the number of deaths fell to 55,391 – down from 57,068 in 2005 and 60,218 in 2001. Mortality declined in eight leading categories, including heart disease, HIV, and chronic lung disease. Smoking-related deaths have fallen by 11%, to about 1,000 deaths a year since 2002. Deaths from smoking-induced cardiovascular diseases, including heart attacks and strokes, fell by 14% from 2002 to 2006. Fatal lung cancer fell by 8% during the same period, and deaths from chronic airway obstruction declined by 17%.

To continue this trend, DOHMH is running a hard-hitting television campaign illustrating the harmful effects of second-hand smoke on children. Data indicates that hard-hitting ads help smokers quit. If the tobacco tax increases as we have proposed, there will be further decreases in smoking, particularly among youth. Since the last tobacco tax increase, inflation has eroded the real price of a pack of cigarettes by more than 60 cents.

However, chronic disease remains a serious problem. To promote diabetes management, we are implementing a pilot diabetes monitoring and control program focusing on the South Bronx, and including 1,000 providers serving more than 50,000 patients. Diabetes rates in the South Bronx are nearly twice the city average.

As part of our efforts to improve heart health, in 2006 the Board of Health amended the Health Code to require that any food service establishment that made calorie information publicly available on or after March 1, 2007, post such information on its menus and menu boards. The provision was to become effective on July 1, 2007, but was overturned by a Federal judge on a technicality. In January 2008, the Board of Health adopted a new resolution that addressed the Court's concerns by requiring all restaurants with 15 or more locations nationally to post calorie labeling on their menus. The New York State Restaurant Association has again challenged the Board's actions and oral arguments regarding these new proposed regulations were heard in District Court last month. We remain confident that we will prevail in Court and New Yorkers will soon have access to critical information that can assist them in making healthier choices. It is unfortunate that some chain restaurants are so desperate to keep information about the food they serve from their customers that they would rather go to court repeatedly than put the information where people could actually see it.

DOHMH is working to expand access to healthy foods. The Healthy Bodega Initiative's 1% Milk campaign increased sales of 1% milk from almost zero to nearly 10%, and has since been expanded to reach 1,000 bodegas. We are also working with more than 400 bodegas who expressed an interest in expanding their offerings of fresh produce, and continue to provide Health Bucks coupons valued at \$2 to residents of low-income neighborhoods to promote greater affordability of fruits and vegetables.

The Department is moving swiftly to prepare for implementation of the recently adopted Green Carts legislation. We thank the Council for passing this legislation and are committed to ensuring its effectiveness. We hope to have the first Green Carts on the street in the neighborhoods that need them most later this year.

Deaths from HIV/AIDS related illnesses have decreased in recent years. To reduce risky sexual behavior, DOHMH once again promoted NYC Condoms for Valentine's Day. However, we are concerned about the rise in HIV infection rates among young men who have sex with men and we are developing an educational campaign targeting this population. We also need to take a hard look at all of our HIV prevention programs to ensure that they are having the greatest possible impact.

The Department is committed to protecting and promoting the health of all New Yorkers, in good fiscal times and in bad. The current budget environment requires us all to make hard choices and prioritize our efforts. We look forward to working with the Council to make sure that limited public health dollars are used as effectively and efficiently as possible.

Thank you for the opportunity to testify. I am happy to answer your questions at this time.

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**TESTIMONY
OF
DANIELLE MARCHIONE
DIRECTOR OF GOVERNMENT RELATIONS AND COMMUNICATIONS
FOR
CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC.**

**BEFORE THE
NEW YORK CITY COUNCIL HEALTH COMMITTEE
REGARDING THE
NEW YORK CITY PRELIMINARY BUDGET PROPOSALS
FISCAL YEAR 2009
March 11, 2008**

Good afternoon. My name is Danielle Marchione and I am the Director of Government Relations and Public Affairs at Citizens' Committee for Children of New York, Inc. (CCC). I would like to thank Council Member Weprin and all members of the New York City Council Finance Committee for this opportunity to testify on New York City's Preliminary Budget for Fiscal Year 2009.

For 64 years, Citizens' Committee for Children of New York, Inc. (CCC) has convened, informed and mobilized New Yorkers to make New York City a better place for children. CCC's approach to child advocacy is fact-based and combines the best features of public policy advocacy with a tradition of citizen activism.

Upon careful review of the Mayor's Preliminary Budget for City Fiscal Year 2009, it is clear that great efforts have been made to identify gap closing actions that result in much needed savings by making agencies operate more efficiently. To ensure a balanced budget in CFY'09, the Preliminary Plan uses \$3.8 billion in prior year resources and \$1.2 billion in new actions to close the CFY'09 budget gap. Close to half of agency gap closing actions are proposed for the Department of Education and the Health, Welfare and Housing agencies.

While efforts have been made to avoid direct service reductions, it is clear that the elimination of 2,100 slots from the Summer Youth Employment Program, the elimination of 1,000 slots from preventive service programs that keep children safe and at home, and the reduction of \$10 million for the lead teacher program and \$4 million for summer schools will have very negative implications for the children and families in New York City.

In addition, the CFY'09 Preliminary Plan also does not fund approximately \$122.5 million in City Council Initiatives that have supported a wide array of community-based services for children and

families this year. These funds were part of the CFY'08 Adopted Budget, but are not included in the City's Preliminary Plan for FY' 09. (Please see attached chart for details related to these cuts.)

Finally, the CFY'09 Preliminary Plan includes many commitments made by New York State last year and does not reflect the risks to New York City included in the Governor's proposed Executive Budget for SFY'09. Should State Executive Budget proposals to shift greater costs related to preschool special education, youth detention, and public assistance programs to localities and provide less education aid and municipal aid, New York City's ability to maintain a CFY'09 budget that protects many services for children and families will be dramatically hampered.

Turning specifically to the issues related to health, CCC applauds the work that the Mayor's Office, the Department of Health and Mental Health (DOHMH), and the City Council have done to help fight childhood obesity and bring healthy, affordable food to all communities in New York City. Notably, the 1,000 GreenCarts, which will soon be strategically placed in food deserts throughout New York City, are a great step towards improving health outcomes for children. CCC urges DOHMH, the Mayor's Office and the City Council to continue to collaborate on new initiatives that will ensure children have access to healthy and affordable food regardless of where in New York City they live.

Contrary to this good news, the Mayor's 2009 Preliminary Budget Plan fails to fund over \$15 million in DOHMH initiatives aimed at addressing critical health needs of children, such as the obesity prevention, dental vans, infant mortality and asthma control programs. CCC urges the Mayor's Office and the City Council to negotiate a budget that restores these initiatives:

- o \$3.1 million for obesity prevention
- o \$1 million for Podiatric screening
- o \$268,000 for Dental Vans
- o \$4.8 million for the Infant Mortality Initiative
- o \$545,000 for the Asthma Control Initiative

- o \$1.9 million for Summer School Nurses

In addition to these needed restorations, CCC also asks the City Council and Mayor to include an expansion of DOHMH's home visiting program to Queens and Staten Island this year. Currently 10,000 parents and their newborns in the Bronx, Manhattan and Brooklyn benefit from a home visit that provides health and environmental screening, ensures that homes have window guards and are free of lead paint and that household members are enrolled in health insurance programs. DOHMH also provides new families with pack-n-plays to ensure safe sleeping practices. As new parents and their newborns in Queens and Staten Island deserve the same welcome home, we ask that the Council and Mayor invest \$800,000 to make this expansion a reality.

Second, the Mayor's 2009 Preliminary Budget Plan fails to fund over \$11 million for Health and Hospitals Corporation (HHS) initiatives that address children's health needs. CCC urges the Mayor and the City Council to negotiate a budget that restores these initiatives, which includes \$6 million for Child Health Clinics, \$2.4 million for HHS Outpatient Pharmacies and Clinics, and \$1 million for translation services.

In closing, CCC urges the City Council to negotiate a budget with the Mayor that protects, restores and enhances the services children and families in New York City rely on. During difficult budget times, it is more important than ever to take steps to ensure every New York City child is healthy, housed, educated and safe.

Thank you for this opportunity to testify.

The chart below only highlights CFY' 09 Preliminary Plan proposals that impact vital services for children.

DEPARTMENT FOR YOUTH AND COMMUNITY DEVELOPMENT

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Helping Involve Parents in Schools Project (HIP)			\$4.3 million
Cultural After School Adventure (CASA)			\$8.4 million
Runaway and Homeless Youth			\$4.7 million
Institute for Student Achievement			\$1.35 million
Beacons		\$2.3 million	\$4 million
Eliminate Bus Program		\$200,000	
Street Outreach/Neighborhood Youth Alliance			\$2.1 million
The After-Three Program			\$3.8 million
Miscellaneous Youth Programs			\$4.1 million
Virtual Ys			\$900,000
Sports and Arts Foundation			\$2.1 million
Summer Youth Employment Program		\$3.2 million	
Out-of-School Time		\$2.64 million	
Sub-Total		\$8.34 million	\$35.75 million

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Obesity Prevention			\$3.1 million
Podiatric Screening			\$1 million
Mental Health Treatment for Children Under Five			\$1.65 million
Autism Awareness Initiative			\$1.5 million
Dental Vans			\$268,000
Infant Mortality Initiative			\$4.8 million
Asthma Control Initiative			\$545,000
Summer School Nurses			\$1.9 million
SPARKS and Health Corps			\$660,000
Sub-Total			\$15.2 million

HEALTH AND HOSPITALS CORPORATION

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Child Health Clinics			\$6 million
HHC Outpatient Pharmacies and Clinics			\$2.4 million
Translation Services			\$1 million
Adolescent Substance Abuse Outpatient Treatment Clinics			\$1.6 million
Sub-Total			\$11 million

HOUSING PRESERVATION AND DEVELOPMENT

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
City-Task Force on Housing Court			\$550,000
Anti-Eviction Legal Services			\$3 million
Community Based Consultants			\$1.03 million
Sub-Total			\$4.58 million

DEPARTMENT OF HOMELESS SERVICES

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Citywide Homeless Prevention Fund			\$500,000
Sub-Total			\$500,000

DEPARTMENT OF SOCIAL SERVICES: HUMAN RESOURCES ADMINISTRATION

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
UI/SSI Legal Assistance			\$2.5 million
Emergency Food Programs			\$1.5 million
Sub-Total			\$4 million

DEPARTMENT OF EDUCATION

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Universal Pre-kindergarten (full day in ACS programs)			\$5.0 million
New Century High Schools			\$500,000
Teacher's Choice			\$20.9 million
Dropout Prevention and Intervention			\$4.2 million
Urban Advantage			\$2.5 million
New Visions for Public Schools			\$500,000
The Lead Teacher Program		\$10 million	
Summer School		\$4 million	
English Language Learners Reserve Allocation		\$10 million	
Sub-Total		\$ 24 million	\$33.6 million

ADMINISTRATION FOR CHILDREN'S SERVICES

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Child Welfare Preventive Services Caseload Reduction Initiative			\$4.2 million
CONNECT Domestic Violence program			\$1.2 million
Child Care Supplies- Provider's Choice			\$1.7 million
Working Parents for a Working New York			\$875,000
Low Income Investment Fund (LIFF)			\$200,000
Legal Services for NYC (LSNY)			\$500,000
Legal Information for Families Today (LIFT)			\$500,000
Increase Preventive Service Slots		\$2.4 million	
Homemaking Services Underutilization		\$525,000	
Child Protective Services Productivity		\$2.8 million	
Improve Child Protective Investigations	\$2.3 million		
Child Care Lease Savings	\$3.0 million		
Sub-Total	\$5.3 million	\$5.7 million	\$9.2 million

DEPARTMENT OF JUVENILE JUSTICE

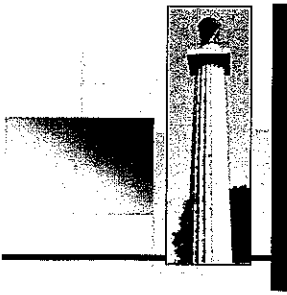
Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
Discharge Planning Services			\$1.3 million
Sub-Total			\$1.3 million

MISCELLANEOUS

PROGRAM	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
EITC Legal Assistance			\$765,000
Legal Services for Working Poor			\$1.8 million
Civil Legal Services			\$3.7 million
MFY Legal Services			\$200,000
Create supermarket financing program			\$75,000
Expand food stamp use at Farmers' Markets			\$295,500
Sub-Total			\$6.47 million

TOTALS

Program	Proposed Expenditure Increase	Proposed Expenditure Decrease	Failure to Fund City Council Initiative*
ALL	\$5.3 million	\$ 38.04 million	\$122.5 million



Fort Greene Strategic Neighborhood Action Partnership

P.O. Box 050226, Brooklyn, New York 11205 718.694.6957 Fax 718.694.6958 www.fortgreenesnap.org

Testimony City Council Health Committee March 11, 2008

Board Members

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Projects:

Family Resource Center
Computer Literacy
Grandparent Caregivers
Infant Mortality Reduction
Project
Understanding Personal
Finances
Fort Greene Works

Internships

Opportunities:

City As School
New York City College of
Technology-Human Services
Long Island University
Hunter School of
Social Work
Arbor We Care

Executive Director

Georgianna Glose, OP, DSW

Deputy Director

Henrietta Koffi

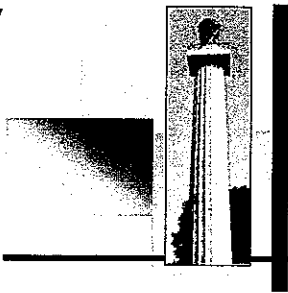
Hon. Councilmembers and guests thank you for the opportunity to address a critical health issue. My name is Georgianna Glose and I am the executive director of a small community based agency serving Fort Greene. Our work in the community focuses on three public housing developments: Ingersoll, Whitman and Farragut. Our community has experienced a great transition in the last 7 years. Some of the changes have been wonderful, but some of the changes have left the over 3500 residents of public housing in the dust.

Residents of the public housing development live on less than \$11,000. a year. In our neighborhood 17% of the adults over 25 who live in public housing have not completed ninth grade and 41% have no GED. The ethnic breakdown of the public housing facilities is approximately 78% African American, 18% Hispanic and 4% other. All of these statistics are indicators are risk factors for high infant mortality and low birth weight. Infant mortality among women of color is twice that of whites. Researchers can tell us why this is happening including lack of prenatal care, substance abuse, lack of access to health care, and poor health prior to pregnancy. One significant statistic is that for every dollar spent on prenatal care and services \$3.38 is saved in medical care.

For communities like Fort Greene a significant task is reaching out to young women and families to support them and provide vital information regarding services, opportunities and care. Our small community based agency has provided over 3500 individual contacts with residents in the last three years. We provide workshops, referrals and case management to mom and families. We are successful because we are able to serve women in their own community. We are able to provide referrals in a way that helps the participant access the services needed. These essential services have helped us reach moms and potential moms and work to provide the essential information for a healthy baby.

We are able to accomplish all of this work through an allocation of funds through the work of the City Council. Our organization has accomplished its work on a budget of \$50,000 a year. Each year the City Council has listened to our pleas to provide the services to the women and children of our community. The Department of Health and Mental Hygiene administers this fund and while there remain many obstacles for community based agencies accessing the funds allocated by the City Council, our agencies continue to work diligently to reach the goals of reducing infant mortality and low birth weight in our community.

Funded under contracts and funds provided by the New York State Department of Education through resources made possible by a grant from Assemblymen Joseph Lentol, Hakeem Jeffries and State Senator Velmanette Montgomery. Funded by grants and contracts with New York City Department of Health, J.P Morgan Chase Foundation, Independence Community Foundation, New York City Dept. of Health and Mental Health, the Consortium for Worker Education, St. Joseph's College, Brooklyn Navy Yard, Sisters of St. Dominic Ministry Fund, United Way of NYC, Brooklyn Workforce Innovations and individual donors (in formation.). Software donated by Adobe.



Fort Greene Strategic Neighborhood Action Partnership

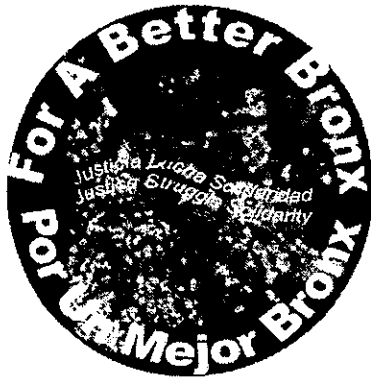
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I urge you to consider refunding the Infant Mortality Initiative in the coming budget year. An investment in the lives of families now will save untold funds in the care and sustenance of children debilitated by the effects of low birth weight.

I look forward to speaking with you on these matters.

Funded under contracts and funds provided by the New York State Department of Education through resources made possible by a grant from Assemblymen Joseph Lentol, Hakeem Jeffries and State Senator Velmanette Montgomery. Funded by grants and contracts with New York City Department of Health, J.P Morgan Chase Foundation, Independence Community Foundation, New York City Dept. of Health and Mental Health, the Consortium for Worker Education, St. Joseph's College, Brooklyn Navy Yard, Sisters of St. Dominic Ministry Fund, United Way of NYC, Brooklyn Workforce Innovations and individual donors (in formation.). Software donated by Adobe.

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FOR THE RECORD

For A Better Bronx

**Testimony of Cleo Silvers
Executive Director of For A Better Bronx
(FABB)**

**Public Hearing by the City Council Health
Committee on
The Mayor's Preliminary Budget for FY
2009
March 11, 2008**

Honorable City Council Members:

My name is Cleo Silvers. I am the recently appointed Executive Director of For A Better Bronx (FABB). FABB is an organization that concentrates on environmental and health issues which impact the South Bronx. As a non-profit, community based organization. We believe that quality and equality of life are the overarching social issues that our organization should address through our programs and philosophies. Thank you for the opportunity to share our testimony with you.

Ladies and Gentlemen, today I will decline to bore you with statistics on infant mortality rates in my testimony, as many of my colleagues will inform you on; rather I wish to share the concerns we at FABB hold regarding securing the level of health and happiness deserved by mothers, babies and families in the community of the South Bronx.

To date our organization has provided residents of the South Bronx access and empowerment through programs that have serviced thousands of South Bronx community members during 2006-2007:

- **Farmers Market:** over 3,000 South Bronx residents gain access to locally grown farm fresh fruits and vegetables at an affordable cost
- **Wheel of Hope:** holistic healing program for poor/low-income women of color survivors and patients of breast cancer; it has served 180 women
- **Youth Leadership Program:** youth education and empowerment program has served 125 youth
- **Infant Mortality Initiative:** supports residents through an education initiative focused on high infant mortality rates in the South Bronx; over 1200 community residents have attended the events.

Because we at FABB were so distressed by the disproportionately high levels of low-birth weights, premature births and generally high death rates of babies in our community, For A Better Bronx, for the last few years, has actively participated in the Infant Mortality Reduction Initiative which has been funded by the City council with matching funds from the State of New York. We are contracted with the NYC Department of Health and Mental Hygiene to outreach to community members with whom we have the most contact in the community gardens and at our Farmers' Market. We also give twenty-four (24) workshops per year on infant mortality, teen pregnancy and how to acquire prenatal care at several high schools in our community. Some of the high schools we service include Fannie Lou Hamer High School, New Explorers High School, John F. Kennedy High School and Banana Kelly High School. Through this work, we have reached up to 1500 community members and youth in the last two years. We hope that with our involvement we can help to stem the downward spiral from healthy and happy families with new babies in our community.

According to a CNN report yesterday, by Jeff Green, the United States now holds the sad distinction of having "the second worst infant mortality rate in the developed world." Although there are in our country many cities, counties and congressional districts with alarmingly high infant mortality rates, it is our community that according to vital

statistics stated many times over here, continues to face the highest level of baby deaths in New York City and possibly the entire country.

One particularly devastating statistic, which was cited by our colleague Robert Lederer from Bronx Health Link, is the city's infant mortality rate among African American women who make up a significant portion of the population of the South Bronx. Our daughters of African American descent are facing rates double that of our white counterparts in New York City. Further stated by our colleague, more than half of new mothers giving birth in our community are immigrants from Spanish speaking countries. They are uninsured and may be fearful of trying to access badly needed prenatal and perinatal care leading to the harsh reality of a lost newborn. This situation is clearly a result of the disparity in healthcare access that remains and leaves Latino and Black families at great risk of serious problems and possible deaths.

Despite the life and health challenges we face in our community, we sincerely believe that the situation can dramatically improve. Continued diligent, conscientious work on our part and a strong commitment to the safety and health of women of childbearing age through the vital financial support of the City Council and the State of New York can turn-around the condition of newborns and young children in our community and in New York City as a whole.

We implore you to take the lead in restoring funding for the Infant Mortality Reduction Initiative and make Child Health Centers that serve the uninsured in our community available.

Thank you for your time and attention:

Cleo Silvers
Executive Director
For A Better Bronx (FABB)
(718) 292-4344
cleo.silvers@gmail.com

**Testimony of the Chief Medical Examiner
Budget and Oversight Hearing
Committee on Health
Council of the City of New York
March 11, 2008**

My prepared remarks will focus on four subjects: our continued efforts in the recovery and identification of World Trade Center human remains, advances in forensic capabilities at our new DNA Laboratory, progress in constructing a new Bronx facility, and the status of our budget.

When reconstruction of lower Manhattan and the World Trade Center began, areas containing fragments of bone and potential human remains were discovered. Working with a multi-agency task force we devised a strategy to recover all human remains in the area. In an unprecedented task of forensic excavation and recovery, we removed and sifted more than 15,000 cubic yards of material in one year, recovering an additional 1,769 fragmented remains. This year we have made 17 new victim identifications, 7 of them from the new recovery effort. In addition, we have identified 476 remains linked to previously known persons, and we found 31 previously unseen DNA profiles which may lead to new identifications. I must emphasize that this work was done with meticulous care by all involved, including anthropologists, archeologists, investigators, and construction personnel.

The Office of Chief Medical Examiner is justly proud of our role as the lead agency in this important effort. We designed and built the largest and most efficient screening and recovery system ever used in forensic anthropology, without which we never would have accomplished this task so efficiently. This project will probably continue for another 3-5 years as redevelopment of the site progresses. We remain committed to a promise we have repeated many times: we will do whatever it takes for as long as it takes to identify as many World Trade Center victims as science and human effort will allow. We received \$3.6 million dollars in the Mayor's Preliminary Budget to support this work in the current fiscal year.

It has been a year since our Department of Forensic Biology moved to the state of the art DNA facility at 421 East 26th Street in Manhattan. Prior to February 2007, our office analyzed evidence from homicides and sex crimes, with other types of cases accepted only under special circumstances. The new laboratory has permitted the department to grow rapidly, enabling us to offer DNA testing for all types of crime such as robberies, burglaries, attempted murders and other assaults, arson, and drug or gun possession. In the past, the total number of cases was approximately 3000 a year. Now, we accept submissions from all property crimes with biological evidence, adding *approximately 3,000* cases to the workload. Furthermore, with our expansion in FY 08 and FY 09 we anticipate reaching full capacity for all types of requests, currently an estimated annual total

of 18,000 cases. We received \$4.5 Million in the Mayor's FY09 Budget to support the DNA lab as we continue to expand our operations.

We have hired 43 new scientists in the past year who now are undergoing mandated forensic training, and we plan to hire an additional 60 in the coming year. We remain the only DNA lab in the country accredited to perform High Sensitivity Testing (LCN). Furthermore, we are working to develop a potential revenue stream by offering DNA analysis to other jurisdictions. We anticipate earning \$500,000 per year through these efforts which is reflected in our FY09 budget. I believe that we operate the premier public DNA lab in the United States.

Our capital budget provides \$30.3 million for a much needed, free-standing medical examiner office in the Bronx. HHC and OCME have identified a site for our new office and mortuary on the campus of Jacobi Hospital. We have begun the design phase of this project and anticipate the beginning of construction this fall.

The remainder of our capital budget is allocated for the continued build-out of our Information technology (IT) capabilities. With the support of DoITT and OMB we have completed the first phase of building a sound technological infrastructure and have allocated \$2.4 million for security upgrades, which will allow us to meet the requirements of the State and federal government with whom we exchange data on a regular basis. An additional \$3.3 million has been allocated to replace the Agency's case management system and develop a Laboratory Information Management System to efficiently track evidence and manage data from the DNA, toxicology, and other laboratories.

Our current modified FY 08 budget is \$70.2 million, comprised of \$41.8 million in PS funding, and \$28.4 million in OTPS funding, which includes various federal and State grants. The proposed FY 09 operating budget is projected at \$58.3 million after meeting the Mayor's PEG target through delayed hiring and a reduction in the use of overtime: \$40.6 million for PS and \$17.7 million for OTPS. While the budget appears to have been reduced from FY08 to FY09, the latter amount does not reflect grants that will be added to the budget in the new fiscal year. I remain confident that our budgetary allocation will continue to support and maintain our customary standard of excellence.

That concludes my prepared remarks. Thank you.



Child Health Policy in NYC
The Next 100 Years

100 Years – Child Health Planning Project

The Child Health Clinics in New York City will be 100 years old in 2008. These clinics started as Free Milk Stations and have been providing preventive and primary health care services for low-income children in their communities ever since.

This important anniversary is being honored with a year-long celebration that started in November 2007! The kick-off event was a well-attended forum at DC 37, on Thursday November 8, 2007. There are several major goals for this effort:

- Celebration events at the Child Health Clinics through borough-wide organizing committees. There is a lead organization in each borough*(see over), chosen through a competitive process, that is in charge of coordinating and organizing these events. The focus will be on: ensuring that young children and teens have health insurance, and that they have a medical home for primary, comprehensive health services. The borough committees will include: parents and their children; teenagers; schools; places of worship; community organizations; businesses; and others committed to healthy children. The lead organizations will administer a survey for parents and young people to identify barriers and gaps in service, and get feed-back on what changes are needed to make the health system work better. This survey will result in a separate report.
- A Policy Committee will work on developing a Child/Family Health Policy Agenda for the city. The policy committee will be charged with ensuring that the borough committees will be involved in developing this agenda so that it reflects the diversity of the city. The Policy Committee will also be involved in the survey described above.

To make this anniversary a success, we need the involvement of as many people and organizations as possible. That success will not be possible without your support and help. Please join us in this effort – by calling 212-246-0803 and signing-up to work on this important effort with us.

100 Years – Child Health Planning Committee: American Academy of Pediatrics Chapters 2 & 3; Children's Defense Fund – New York; Citizens Committee for Children of New York; Coalition for Asian American Children & Families; Commission on the Public's Health System; Council of Municipal Hospitals Community Boards; Doctors Council, SEIU 10 MD; Head Start of New York; Local 436, AFSCME; New York City Council; New York City Health & Hospitals Corporation; New York Immigration Coalition; Parent to Parent of New York State

To get Involved:

- **Citywide:** Contact CPHS, the Commission on the Public's Health System, 45 Clinton Street, New York, NY 10002. 212-246-0803. Email address: Judy Wessler – ladyhealth@aol.com. Anthony Feliciano – commission@cphsnyc.org.
- **The Bronx – The Bronx Health Link, Carlos Alicea** can be reached at 718-590-2648. His email is: Calicear@yahoo.com.
- **Brooklyn – The Brooklyn Perinatal Network, Denise West** can be reached at 718-643-8258, ext. 21. Her email is: dwest@bpnetwork.org.
- **Manhattan – The Northern Manhattan Improvement Corporation, Jules Douge** can be reached at 212-822-8344. His email is: julesdounge@nmic.org.
- **Queens – Make the Road New York, Theo Oshiro and Juanita Lara.** Theo can be reached at 718-418-7651, ext. 218. Juanita can be reached at 718-565-8103 X 23. Their email addresses are: Juanita.lara@maketheroadny.org and theo.oshiro@maketheroadny.org.
- **Staten Island – El Centro, Gonzalo Mercado** can be reached at 718-448-1544 or 1-646-418-7382. His email address is: elcentrodehospitalidad@gmail.com

The 100 Years Child Health Planning Project is supported by funding from:
The New York State Health Foundation; The New York Community Trust, United Hospital Fund; New York City Council; New York City Health and Hospitals Corporation; MetroPlus Health Plan; Healthfirst Health Plan.

New York City Council: Chairperson, City Councilman, Joel Rivera
Date: 03/11/08
Re: Fiscal Year 2009 Preliminary Budget, New York City
Council Committee on Health Hearing

Good afternoon Chairperson Rivera, members of the Health Committee, other distinguished members of the City Council, colleagues, brothers and sisters.

I am Togba R. Porte, Second vice President of Municipal Employees Healthcare Workers Union Local 420, District Council 37, AFSCME. Thank you for the opportunity to come before you today to discuss the 2009 preliminary New York City budget.

Due to a longstanding commitment, Local 420 President Carmen Charles could not be here today. She asked me to speak to you today on behalf of the more than 10,000 health care workers that we represent throughout the HHC system.

We represent more HHC employees than anyone else and our members are central to making HHC the country's best public health care system. Our nurses, dietary and housekeeping aides, technicians, and others, are on the front lines in the fight for the public's right to quality health care. We are deeply committed to HHC's mission, which reads in part: "extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect..."

Each year our members provide health care to more than one (1) million New Yorkers at HHC's acute care public hospitals, nursing homes and clinics. Local 420 stands on the forefront of the fight to provide quality care to all New Yorkers, regardless of their race, age, gender, nationality, immigration status, or ability to pay. We do this because it is morally correct and we believe health care is a right, not a privilege. We are proud of our accomplishments and our contributions towards making New York City's public health care system the best in the country. We are pleased that the Hospital Closing Commission's final recommendations affirmed the importance and quality of the work we do in our institutions.

While the Mayor continues his support for New York City's public health care system we are very concerned that without additional funding, understaffing will further threaten patient care. And we are concerned about the creeping privatization of HHC services. Our members are overworked and underpaid. Many of our facilities are short staffed already. Our members are working overtime, working the staffing needs in their departments, doubled and sometimes tripled their assignments.

Additional resources to increase staffing must be provided to HHC if we are to meet the needs of our communities. And additional funding for training is needed to meet the new demands on HHC that will result from hospital closings. HHC is not equipped to provide the health care safety net in areas where hospitals have already closed. We certainly do not have the resources to take the overflow that will result from the closing of more hospitals.

Local 420 members and HHC management have accomplished a great deal. We've worked together to prevent funding cuts that would have devastated our public hospitals. And we raised the quality of care provided at HHC facilities to among the highest in the City and the country. However, we are concerned that recent HHC management practices threaten one of the system's most important resources; its experienced and dedicated staff.

More and more, HHC is outsourcing vital services. This includes critical services once provided exclusively by trained HHC Operating Room Technicians, Nurses Aides, Patient Care Advocates and Respiratory Technicians. Not only does this undermine the quality and continuity of care that a patient receives; the hiring of agency personnel is more expensive than full-time staff. In this era of scarce healthcare dollars, it is unimaginable that the corporation would chose to pay more for lower quality. It benefits neither patients nor workers.

Part-time workers who are being asked to work full time schedules for part-time benefits are replacing full-time dietary workers. Surely the HHC knows that they cannot retain quality staff under such conditions. Let's pay these workers properly so that dietary workers are no longer regularly called in to work on an emergency basis. Give these workers the benefits they deserve so that they can provide for their own families and are able to make a long-term commitment to the HHC and its

patients. Low-balling committed workers, outsourcing and privatization will only serve to divert HHC from its mission. For 50 years, our union has fought for the public's right to quality healthcare. We have long fought the privatization of HHC facilities and services because it is incompatible with the mission of HHC as well as our union's. The Council is well aware of the bold attempts of previous New York City Mayors to privatize HHC hospitals. While we succeeded in blocking those efforts, there is a new creeping privatization at our hospitals. HHC agreed to a 50-year lease of the Van Etten building and 10 acres of public land to Albert Einstein College of Medicine, and Einstein plans to build a \$200 million research facility on Jacobi's grounds.

HHC has also accelerated privatization by leasing the corporation's cook-chill plant at Kings County Hospital to a for-profit company along with outsourcing management of the facility. The most recent privatization campaign involves Dialysis services at Bellevue Hospital. Bellevue performed over 8,000 outpatient dialysis procedures last year. Despite the fact that Medicaid paid for two thirds (2/3) of these, Bellevue still made money on the unit. Now HHC wants to contract dialysis out to a private, for-profit company that has a higher cost per procedure, whose experience is serving a radically different patient base. This proposal to take a public health care service and contract it out to a private, for-profit doctor is wrong and not in the public interest.

A private company is by nature, in this business to make a profit, and the profit may come from turning people away, subtly, discreetly but nevertheless turning them away. The doctor who is proposed to operate this clinic as a private entity already operates two other clinics for which he earned over \$1.2M in 2004, the latest data available. Even though HHC facilities are owned by the City, decisions to privatize services have been made with little input from the public.

Instead of contracting out at a higher cost, we recommend that Local 420 work closely with HHC management to improve the efficiency and quality of services. Having succeeding in improving the quality of care at HHC facilities, we have every reason to believe that we can also raise the standards in all of the departments where Local 420 members work while preserving the public trust. HHC can improve the efficiency and lower the costs of all of its services without contracting out to private

companies. And they can do it with unionized workers who receive decent wages and benefits.

The steady improvements in the quality of care available at HHC facilities over the past few years demonstrates that by working together, current staff and management are capable of implementing changes that benefit the corporation and the public that it serves. We must keep in mind that the improvements we've seen at HHC are the result of unprecedented cooperation between management and the work force.

We have to be forward thinking. We know that we are facing tight budgets in the future and that we must be able to make resources stretch as far as possible. However, we cannot make them stretch so far, and allow this wedge of privatization, outsourcing and short staffing work affect patient care.

In closing, let me say that we look forward to working with the New York City Council and the day when we will no longer have to demand what we are all entitled to: access to good and affordable healthcare.

Health care is a right, not a privilege and we should work together to keep it as such.

Thank you.

Testimony
New York City Council Health Committee
Monday, March 12, 2008

Submitted by Ralph Palladino
2nd Vice President and Hospital Chapter Chair DC 37 Local 1549

Local 1549 represents over 18,000 clerical and administrative employees working for the city of New York, 5500 of whom work in the Health and Hospitals Corporation (HHC), DOH/Mental Health and now, thanks to our organizing efforts, employees in the HHC Metro Plus HMO. Our members perform financial counseling and billing functions in HHC, and are Enrollment Sales Representatives who sign up people for Medicaid in Metro Plus. We also represent employees in the Human Resources Administration (HRA) including Eligibility Specialist II and III title who determine Medicaid eligibility.

We call on the City Council to restore proposed cuts to the health budget. **The cuts proposed are wrong for:** Child Health Clinics (\$6 million) and with the state matching funds the amount is really \$8 million; comprehensive community based infant mortality reduction initiative (\$4.8 million and \$7.5 million with matching state funding.); other cuts for prescription, mental health services for children and substance abuse programs.

More funding is needed for the community health planning process, primary care expansion, expansion of multi-lingual services. We must increase investment in all these areas in order to deal with the future health care needs.

Healthcare reform is around the corner state-wide and nationally. We should be looking to increase the number of employees performing financial counseling, registering patients for health insurance and determining Medicaid eligibility, not freezing or cutting budgets.

The City Council should become more pro-active in the discussion around health care reform. You must champion a stronger public health system such as I outline in my state testimony that is attached. The HHC *public* health system has proven to be the least costly and most efficient health care delivery system. This *public* health system needs to be shielded from cuts and receive the support to have its services enhanced and expanded.

The amounts are not huge but the cuts will hurt those in need. Most important, these cuts are not necessary given the fact that the minimum corporate tax rates have gone unchanged since 1966, the fact that the Personal Income Tax rate for the rich is lower than any neighboring state and Saturday's NY Post story about how the City is giving away \$91 million in tax away to companies who promise to hire more employees but have reduced their numbers instead.

We can see the evils of a private, for-profit healthcare system. HIP has not gone "for profit" but now routinely denies 30% of claims by clients. We know that this number will rise dramatically when they do go private. Insurance companies make most of their money on denials for treatment

We call on the City Council to **support public health.** Any funding that is needed needs to come for a fairer taxation. The real bottom line needs to be "Patients First".

Moving Towards Universal Healthcare: Expanding Public Health

(Presented Oct 30, 2006 to State DOH Hearings on Healthcare Reform)

From Ralph Palladino

AFSCME DC 37 Local 1549 2nd Vice President and Hospital Chapter Chairman

I represent 18,000 clerical and administrative employees who work for the City of New York, 5800 of whom work for the Health and Hospitals Corporation (HHC), Department of Health and Mental Hygiene, and Metro Plus HMO. Our members play key roles in the enrollment, billing and financial counseling processes. In addition we represent Eligibility Specialist Level 2 employees in the Human Resource Administration who determine Medicaid, Child Health Plus and Family Health Plus.

I have worked for the HHC for over 28 years at Bellevue Hospital in the Ambulatory Care Department. Aside from my union positions I was a 10-year member of the Bellevue Community Advisory Board (CAB) serving as Legislative Chairman, and was the Co-Chair of the Bellevue Coalition to Save Our Healthcare. Last year I served on Governor Spitzer's Health Committee Transition Team.

Introduction

I would recommend that the state begin a comprehensive planning process statewide encompassing all communities. All residents must have the right to universal healthcare that is of the highest quality and that is accessible. Healthcare delivery must be aimed more at prevention and primary care than exists today. An emphasis must be on *public* funding primarily being used for *public health programs and services* and not be transferred to the private sector.

Problems

Our health care system is too complex and confusing. Comprehensive planning is not done on any level. Communities, patients and the workforce have no access to voice their needs. Too many people are uninsured and insurance is not portable. Access to quality health care services is inadequate. Too much of the money that makes up the health care pie goes for private profits or misplaced priorities. Not nearly enough funding goes to prevention or those who provide such services including both organizations and the workforce. The costs for the uninsured are not being adequately reimbursed to those who provide care. Cultural sensitivity and multi-lingual services are sorely lacking.

The Berger Commission Report's recommendations did very little to address these problems. The lion's share of the funding goes to the banks and towards for-profit private insurance. The other recommendations such as primary care development receive virtually no funding while Medicaid must be cut. There was little or no input from the affected communities where hospitals were either closed or consolidated. The composition of the Commission did not reflect the ethnic composition of the state as a whole and was not representative of the public.

Recommendations

Comprehensive Planning and Inclusiveness

The governor should convene a "State-Wide Health Summit". This grouping must include more advocacy organizations, local community organizations and leaders from every corner of the state, immigrants rights groups and representatives of health care workers unions. The Summit must look like the state's population. Inclusiveness is critical. The Summit must look deeper into the health care system and its problems, and make recommendations.

This Summit would be a first step in developing a comprehensive health care planning process. This process should be ongoing. Local Summits should take place as well to look into particular needs of each community. Needs Assessments should become an important part of this process especially in local planning.

Planning at all levels is especially important for Medicaid. Medicaid patients must be included in the process since they are the recipients of the service. Therefore structure is needed for local planning. The Health Services Administration did such community health planning. One example of a local planning process is the New York City Council Speaker's group on primary care development

The state could convene such statewide, regional and local Summits. Requirements for on going comprehensive planning should become part of a revised and renewed Health Care Reform Act (HCRA). All large health care institutions and networks could be required by HCRA to establish Community Advisory Boards (CAB) such as those mandated for the New York City Health and Hospitals Corporation (HHC).

Universal Access and Quality

The state must provide universal healthcare and quality, accessible healthcare services. I include the expansion of primary care, multi-lingual services and health care delivery with an eye on cultural sensitivity under the umbrella of quality and accessibility. Support must be given for staffing for interpreters along with staff to enroll the uninsured and determine eligibility.

This means that more primary care capacity must be developed where needed. Studies exist for New York City done already by HHC, the New York City Council and City Comptrollers office where areas of need are identified. Multi-lingual and cultural diversity programs must be vastly increased. Technology can help with multi-lingual needs but only as a back up. Health professionals and patients will testify that one to one service is the best, most efficient way to provide translation services and that means people must be hired as translators and trained properly.

The bottom line is that every state citizen must be *guaranteed* the right to accessible, quality health care services. This can be done by new legislation, constitutional change or by being included in the HCRA. The State Department of Health could mandate the expansion of primary care and it could be an additional requirement in HCRA.

Public Health

Fortunately Governor Spitzer knows that public health is more efficient and less costly than private for-profit health care. This was reflected in his budget last year whereby "Medicaid dollars followed Medicaid patients." Medicaid and Medicare are the best, most comprehensive forms of health insurance with the lowest administrative costs. More of the funds for these public programs are used for the direct delivery of health care services than does private insurance where profit making exists. Medicare overheads are 5% while private plans handling Medicare are at 20% because of profit margins.

Almost two years ago after they went for profit, the Blue Cross/Blue Shield in Northeastern New York State dropped Family Health Coverage to over 16,000 families. The reason given was that the program was "not profitable enough."

Recently HHC officials were asked about expanding their public Metro Plus HMO to other city workers outside of hospitals. They said it was problematic since they found that HIP and GHI routinely deny 30% of their claims. They said that HHC could not do this in good conscience.

It is no accident that the Berger Commission Report targeted private hospitals for closure and consolidation of services. No public hospital in New York City was targeted.

The HHC public health system stands in sharp contrast to its private counterparts. HHC facilities have received the highest rates by the Joint Commission on Health Accreditation. It is a universal health care system that denies no one access to health care. HHC is a system of citywide networks where quality services are shared. It leads the private sector institutions in registering the uninsured for Medicaid and other insurance programs and in providing multi-lingual services. But because they are doing better than the private sector tax funding that is needed for expansion of language services has been denied and given to the private sector.

HHC facilities have average mortality rates that are better than state, regional and federal averages. In addition HHC was the first to publish data on performance such as mortality and infection rate data on their website. According to Arthur A. Levin, director of the New York City based Center for Medical Consumers, "There has sort of been over the years a public perception that the public hospitals are not as good as private hospitals. I'm sure that is the reason why HHC published this data. It makes them look good."

However, HHC is not all it could be. The staffing has been reduced over the past 10 years by nearly a third. Services could be expanded to meet the needs of all city residents if HHC received its fair share of funding. City tax levy dollars now go to support the system but is limited and not expected after the current mayor leaves office.

The Berger Commission Report talked about the need for more primary care. This is something that the HHC has already been doing but has not received fair compensation for. In addition there must be investment in job training, career ladders and backfills.

There must be more of an emphasis on public health. We need to reduce the wasteful profit motive in health care. HHC stands as one model for others to emulate in moving in this direction of where we need to take our health care system. This can be accomplished by the Department of Health mandates, budget allocation prioritization, requiring Bad Debt and Charity Pools to be more equitable in distribution of resources, or through HCRA.

Service Cuts or Revenue Raising

The governor has stated that “hard choices” will have to be made in dealing with our state budget. I must tell you that those of us who have worked inside the health care system, especially in public health don’t need to face any more hard choices.

The HHC has drastically cut staffing and waste over the years. The staff has worked their finger to the bone and successfully dropped patient waiting times and average length of stay thereby saving money while improving quality.

Yet studies show that there still is a disparity in care from rich and poor neighbors in the city. These studies show that there is still a big need for more primary care.

We think the governor is right to re-regulate the insurance industry. These companies along with Big Pharma are the primary reasons that healthcare costs have skyrocketed.

In order to generate revenue, we need to return to a fair tax system. We need to make those who have benefited most, especially the past 13 years from the tax cutting frenzy ante up. According to the Fiscal Policy Institute, “the state government lost close to \$16 billion last year because of tax cuts enacted since 1994 and that the richest people and corporations have benefited the most from them. They report that New York’s top state personal income tax rate is at an historical low relative to New Jersey and Connecticut.” Poll after poll shows that the public is willing to pay increased taxes for a universal healthcare system.

Finally, if there are mandates for primary care or any service, there must be a funding stream allocated. Reimbursement rates for clinics, Ambulatory Surgery and Emergency Room visits must be increased in order to meet the costs. There should and must be a reimbursement rate for language interpretation. How else will healthcare institutions such as HHC pay for the language services sorely needed in order to increase access to care and quality?

So in order to transform our health system in a positive direction we need to raise revenues. Fair taxation should be established. We also can place special taxes on Big Pharma and HMOs who have made such huge profits the past few years. The funds raised can be dedicated to public health programs such a Tobacco Settlement funds were *supposed to be*. Finally if Medicaid funding is cut then other tax revenue funds must be found to pay for the services that are needed. Primary care must be funded.

Conclusion

I thank the Governor and the State Department of Health for holding these public hearings and for the opportunity to express my opinions on how to improve health care in this state. It is hoped that we can continue this dialogue. Our union can offer its expertise in health care delivery and in advocacy to the administration. If you have further question or need our assistance please contact us.

**TESTIMONY SUBMITTED BY LILLIAN ROBERTS
EXECUTIVE DIRECTOR DISTRICT COUNCIL 37,
AFSCME, AFL-CIO BEFORE THE NEW YORK CITY
COUNCIL COMMITTEE ON HEALTH, FISCAL YEAR 2009
PRELIMINARY BUDGET HEARING TUESDAY, MARCH 11,
2008**

Good afternoon. My name is Lillian Roberts and I'm the executive Director of District Council 37, AFSCME, AFL-CIO. We represent over 125,000 members and 50,000 retirees. We represent employees serving in various blue collar, clerical-administrative and technical titles in the NYC Health and Hospitals Corporation (HHC), and the Department of Health and Mental Hygiene (DOHMH). I want to thank Committee Chairs Rivera and Sears as well as the members of the City Council Health Committee for providing me with the opportunity to testify before this committee on the critical budgetary needs our public health care delivery system in New York City will rely upon as you review, assess and determine the preliminary budget for the upcoming fiscal year.

I would like to use the brief time I have to make the following three points during my testimony.

- One, notwithstanding the fiscal and economic challenges we face in New York City, this is not the time to decrease public health funding, for which there is an ever increasing need for in this great City; and
- Two, there are critical, unmet access needs that this Administration has been committed to but has not made sufficient budgetary resources available for. This funding must be provided to handle the "safety net" population we are committed to serve; and
- Three, we must continue to work together to find innovative and productive ways to increase quality access to public health care that is first and foremost "patient centered." We must also ensure that these initiatives are "worker friendly" in that they provide the necessary tools for our workforce in the public health care delivery system in New York City to provide the best quality services we are committed to providing to all in need. Adequate and strategic funding resources, allocated based on the above goals, will ensure that our health care delivery system in New York City is able to face the many challenges ahead.

Let me start with my first point that we cannot abandon our financial commitment to providing adequate funding simply because of market signals that threaten a looming recession and long-term economic downturn. To put this in context, HHC provided care for over 1.3 million patients in 2007 in hospitals and ambulatory care visits. In the DOHMH, DC 37-represented Public Health Advisors, Assistants and Social Workers, just to name a few titles, are among the staff members that are critical to working in the community to improve key public health indicators such as diabetes, smoking and

prenatal care, and HIV testing rates. This work allows DOHMH and HHC to meet the high preventative health care goals outlined in the recent public health care annual report card issued by the Commissioner of the DOHMH. In addition, our public safety health needs have also been addressed with the expansion of the World Trade Center Environmental Health Center at Bellevue, Elmhurst and Gouverneur Hospitals, in collaboration with NYU, to address increasing health concerns related to the World Trade Center disaster.

We are clearly doing more with less labor, and HHC continues to receive accolades for the quality services our members in DC 37 and the members in our HHC/Municipal Labor Committee local union partners provide. I am enclosing a copy of our most recent Public Employee Press newspaper, with a feature article about SeaView Hospital Rehabilitation Center & Home and the award they recently received for excellence in Patient Care. At the same time the federal government has reduced funding for Children's Health Insurance, Medicare and Medicaid. In addition, major reductions are being proposed in these programs, which will have a grave impact on HHC's ability to provide care to all regardless of the ability to pay. We are facing more public health challenges: from chronic diseases, from outbreaks of contagious diseases that were nearly eradicated but are now reappearing such as whooping cough in children, multiple drug resistant tuberculosis, and from the unique health care challenges facing our aging populations and diverse immigrant populations. All of these challenges add up to a greater demand for funding for public health care as the population we are committed to serve also faces the same, if not worse, financial challenges due to the lack of decent paying jobs with health benefits in our metropolitan area.

The second point I want to make is regarding the Administration's commitment to providing key services that have not been funded adequately to meet the population needs. Although DOHMH and HHC have had support for the most part from this Administration, there continue to be concerns regarding prior restorations made by the City Council in critical services these two agencies provide that were not adequately funded by the Administration. Fortunately, the City Council in its wisdom was able to provide the funding for the following programs, which we are here to ask you to continue if the Administration will not step up. As you well know, these valuable programs include Child Health Clinics, the comprehensive community-based infant mortality reduction initiative; fee waivers for prescription medications in HHC facilities; summer nursing and other medical staff programs; mental health services for children in community-based clinics; and funding for variety of mental health and substance abuse programs in HHC – for a total of just over \$23 million.

Finally, I would like to speak about how the public health care delivery system needs to not only be patient centered, but also worker friendly. We have worked hard to ensure that the populations we serve are provided with the best of care, whether it's in a clinic in Bed Stuy or a hospital in Queens. We are committed to advocating for all levels of funding that our public health care delivery system needs to survive and thrive in this great City. In fact the HHC/MLC Subcommittee, which is subcommittee of the Municipal Labor Committee made up of the leadership of the HHC labor unions, established over a

year ago an advocacy and education campaign. The initiative is called the Health Care Education Activists Team, better known as "HEAT." The goal of HEAT was to education, organize and mobilize our HHC union members regarding the importance of adequate funding for healthcare on all levels of government, the need for increasing access to care and most importantly the need for universal health care.

We have been and continue to be committed to funding for training and upgrading programs that provide opportunities for our members in DC 37 to move on a lateral or promotional level, such as the many programs we have worked with HHC on like the nursing career ladder programs. We have also worked to ensure that Job Training Participants are able to seize the opportunity to find full-time employment by placing them in full-time entry level positions in HHC. We want to see more of these types of programs to train and employ community residents to meet the health care needs of the population we serve in public health care.

We also recognize and seize the opportunity to work with HHC on work transformational initiatives that will open access and help provide the technological advances to help us provide better services. But we do this not at the expense of our members' jobs or of providing the best services to the public we are so committed to. We want to ensure that the contracting-in rather than the contracting-out of services our members can provide is done. We continue to be concerned with the Bellevue Hospital Center's plan to contract-out dialysis services. It is Bellevue Hospital's contention that this action is required due to certain deficiencies in the operation of their current dialysis unit. We are deeply concerned that HHC not head back into a previous Administration's policy of contracting-out public services that can clearly be done in-house if those options were explored. We see this current action as "penny wise and pound foolish." We hope that HHC will revisit this matter.

I will end with several recommendations on two new initiatives we hope the Council will consider funding – the \$3 million to expand the primary care program and the \$1.5 million to begin a community-based health planning process. As you know, the New York State Executive Budget includes a proposal to use state dollars to fund health care for children in New York State up to 400% of the federal poverty level as a result of the failure on the part of the federal government to approve the waiver. While we have concerns regarding the impact the proposed New York State Executive Budget will have on public health care, particularly in the areas of reimbursement rates for in patient detox reimbursement, we are still assessing these proposals.

I look forward to working with the Council to ensure that our public health care delivery system in New York City is adequately funded and not only survives, but thrives in these uncertain economic times for those we are mandated by law to serve.



Testimony by the New York State Nurses Association

Preliminary Budget Hearings, FY 2009
NY City Council Committee on Health
March 11, 2008

Good afternoon, Chairman Joel Rivera and Members of the Health Committee.

My name is Carol Pittman. I am here on behalf of the New York State Nurses Association (NYSNA), which represents more than 36,000 Registered Nurses statewide. NYSNA RNs work in both public and private-sector hospitals, clinics, nursing homes and schools. We are the largest professional organization and union for Registered Nurses in New York State.

We are fully aware that the OMB has asked city agencies to reduce their budgets by an additional 3% on top of the 5% the Mayor requested in his preliminary budget. We believe, however, that public health and health care services need more, not fewer resources, particularly in preventative health care and services targeted at communities that historically have been underserved.

- Therefore, we ask for restoration of the following programs by the City Council:
- \$6 million (with state matching \$8.8 million) for the Child Health Clinics. Access must be enhanced to services for children and youth up to age 19.
- \$4.8 million (\$7.5 million with state matching funds) for a comprehensive, community-based infant mortality reduction initiative. These monies need to be targeted to communities with disproportionately high infant mortality rates.
- \$2.4 million for fee waivers for prescription medication waivers in HHC facilities. This would ensure access by uninsured patients to prescribed medications when they are unable to pay the administrative fee for this service.
- \$2.2 million for summer school nurses, dentists and dental assistants, to make these services available year-round.
- \$1.6 million for mental health services for children under age five in community-based mental health clinics in high-need communities.
- \$6.3 million for mental health and substance abuse programs at HHC facilities.

We support the request by the commission on the Public's Health Services for \$1.5 million in new monies for a community-based health planning program in New York City. We have been requesting this for several years to no avail, but are hopeful that this year it is further up on the agenda of both the state and the city.

We also join in the request for \$3 million in new monies to be put toward primary care expansion. Now is the time for state and city to cooperate in the expansion of primary care, targeting in particular underserved communities.

Thank you.

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Constituent of the American Nurses Association

**New York City Council Health Committee
FY 2009 Preliminary Budget Hearing
March 11, 2008**

Thank you Chairman Rivera for allowing me to testify. My name is Anna Kril and I am a 15 -year breast cancer survivor. As a result of my own experience, I discovered that there was a real need for support and education services for women diagnosed with breast cancer throughout the City of New York.

I, along with three other survivors, established, SHAREing & CAREing, Inc., to address the needs of women living with breast and ovarian cancer. Through the years, we have expanded to address the needs of women, and men, living with various forms of cancer, although our largest population is still women with breast cancer.

SHAREing and CAREing serves women of all ages, ethnicities, races and economic backgrounds citywide. It is through this organization, and the efforts of its dedicated staff and volunteers, that thousands of women and their families have learned to live with the diagnosis of cancer, receiving support, counseling, benefit and medical information, education, and hope. SHAREing & CAREing has helped these women discover their own inner strength to face their battle against cancer.

I am before you today to express my concern that due to the Mayor's elimination of Council discretionary funding, SHAREing & CAREing will not be able to continue to provide critical services to the women of this city living with cancer.

SHAREing & CAREing currently provides free services to women throughout the City with a majority of our recipients coming from Queens, Brooklyn and Staten Island. Recently, we were awarded a federal grant which will allow us to greatly enhance our services in the Bronx. It is thanks to the funding of the New York City Council that these women are able to receive quality health

care and superior support services regardless of their economic background. No woman is ever turned away.

SHAREing & CAREing has made it a priority to address the needs of, and serve, the “forgotten women”, those women, many of whom are women of color, who have no insurance and do not qualify for Medicaid. SHAREing & CAREing has successfully linked these women to free or low-cost health care. In addition, it has provided pharmaceutical assistance to uninsured and underinsured, including seniors on Medicare, women in need of chemotherapeutic drugs.

Through its various outreach programs, its telephone hotline and its website, SHAREing & CAREing has become a valuable resource for women with breast and ovarian cancer and because of these services we provide we have gained a solid reputation nationwide as a worthy non-profit organization that delivers services and quality care to all who turn to them.

As I have mentioned, SHAREing & CAREing is a Council funded organization, one that has been able to help thousands of women and families throughout the five boroughs. **The funding we received from the Council in FY 2008 has enabled us to provide services to almost 6500 women and their families, and to continue our comprehensive outreach, education and screening program, targeting medically underserved minority women, immigrant women and young women in New York City. We have proudly worked as part of the Council’s Women’s First Initiative.**

On behalf of the women we serve, I urge the Council to restore the Mayor’s cuts and to continue to fund organizations such as SHAREing and CAREing, which provide assistance, education, support and *hope* for women with breast, ovarian and other forms of cancer.

Thank you.



COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

45 Clinton Street New York, NY 10002

212-246-0803 www.cphsnyc.org

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STAFF

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Anthony Feliciano
*Education/Outreach
Coordinator*

TALKING POINTS
CITY PUBLIC HEALTH BUDGET – 2009

When entering rough economic times, the worst thing that government can do is limit access to vital services. Public health and hospital services rate high on the priority list for services that may need additional resources, rather than less. For this reason, and others, it is important for many voices to be heard at City Council hearings and in writing to the Mayor.

The Mayor released his preliminary budget in January. The City Council will hold its hearings on the public health budget on Tuesday, March 11th at City Hall starting at 10:30 am. At 2:30 pm, there will be a public hearing on the health budget. You can, and should, register to speak by calling 212-788-7210 to arrange a time to speak. Please use these talking points, and add any additional information from your own experience.

- Although there are not large proposed cuts to the Health and Hospitals Corporation budget, we are told that the city budget office is eyeing the HHC budget for additional cuts. At the moment there is a surplus, but looming large is proposed federal changes through regulations and budget proposals that could be devastating to HHC's budget. There are also potential cuts looming – at least in next year's state budget for HHC services.
- As has happened in past years, the Mayor and the city Health Commissioner have not included funding that was restored last year by the City Council. There are some critical public health programs that should be restored by the Mayor, and if not by him then by the City Council. **These programs include:**
- \$6 million (with state matching \$8.8 million) for the Child Health Clinics. On the 100th Anniversary of these important primary and preventive care services for children, this funding must be restored, and probably enhanced to ensure access to services for children and youth up to age 19.



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Testimony on the Mayor's Proposed Public Health Budget
March 11, 2008

Thank you for the opportunity to testify today on the Mayor's Preliminary budget. We are aware that these are tough economic times in the city, state, and nation. But we are concerned about the city slashing vital services, particularly public health services. It is in times of economic downturn that these services become even more critical as people lose jobs and insurance coverage and private health services tighten or close their doors.

CPHS, and other community and health advocacy organizations, have come to rely on the City Council to make restorations in the public health budget, because without you many critical programs and services would not get funded. We have a listing of the programs that we are asking you to restore attached to this testimony. Please fight hard for these programs. We actually did not list one that is very important and ask that you consider; that is funding for the TEMIS interpretation system. Additional funding is needed to expand this very important service. CPHS is also once again requesting funding for a community-based asthma program that would fund coalition efforts in targeted communities to identify and deal with the outdoor triggers of asthma.

CPHS would also like to talk with you more about the very exciting Child Health Initiative that we are coordinating with five borough coalitions. City Council funds helped us to initiate this project. Please also find attached a flier that explains this project and gives some details. It is the 100th Anniversary of the Child Health Clinics and we are using this celebration to: get more children enrolled in health insurance; get to a medical home for coordinated care; surveying parents and young people to get their opinions about gaps and barriers in health care and what can be done to improve them; and the development of a Child/Teen/Family Health Policy Agenda for the city. Your involvement in this initiative would enhance the outcomes of what we are doing.

Thank you.

*Putting the public back in public health

THE NEW YORK CITY COUNCIL
Budget Hearing FY '09
City Hall
2: 30pm
Tuesday 3/11/08

TESTIMONY

Testimony Presented By Ngozi Moses representing:

- I. The Brooklyn Task Force on Infant and Maternal Mortality and Family Health (Convener)**
- II. Brooklyn Perinatal Network (BPN) Inc. (Executive Director)**
Address:
30 Third Avenue, Rm. 622
Brooklyn, NY 11217
Tel. (718)643-8258 ext. 20

The Brooklyn Task Force is over 6 years old. It is an unfunded voluntary community-based network of over 50 participating service providers and other organizations. It succeeded an earlier voluntary network which was in existence for over 10 years. Its **Purpose** is to foster and facilitate information sharing, cooperation and collaboration among participating organizations aimed at understanding the factors that impact the health and wellbeing of our children, their families and the communities in which they live; and to mobilize and organize to help address them and bring improvement in health status.

BPN is a 20 year-old community-directed non-profit 501c (3) social health service organization. It arose in 1988, from a 4-yr old community Taskforce, which resulted from a mandate of Governor Cuomo, for community involvement in addressing high infant mortality rates in NYS. We are committed to working with others collaboratively and in partnerships to reduce health disparities and optimize health and wellbeing for the maternal and child population (women of childbearing age, pregnant/parenting women, families raising children, youth, fathers); and for the development of service resources needed. Our services reach several thousand individuals/families at-risk per year. Currently we receive funding from this Council to deliver services to high need communities and to serve as Regional Coordinators for the Community-level Infant Mortality Reduction Initiative, in Brooklyn, working with 12 funded Community Based Organizations (CBOs) designated by the Council. (Over community organizations are funded city-wide for this city-wide initiative). We convene the Brooklyn Task Force above (which emerged from a larger Network of CBOs) to serve as a community participatory body for our work. BPN has provided leadership, fostered development, managed and coordinated community-driven forums since its inception in 1988. Our Requests are based on years of a strong consensus of stakeholders and a sober consideration of the facts.

BPN and the Task force participate with and support the:

The Federation of County (Perinatal) Networks FCN of the (NYC metro region); and the
The Citywide Coalition To End Infant Mortality, as the Brooklyn Regional Coordinator

We support their Testimony, Request and Position Statements That may be presented to you separately....

BPN's TESTIMONY FY '09: Budget Request To The City Council

I am thankful for this invitation and opportunity to present Testimony which I hope will influence the outcome of this Hearing ~~in support of preventing hospital closings without a community health care alternative plan being in place prior to the closure~~

FUNDING REQUESTS

Our Main Request to the NYC Council is to restore funding, provided since 2001, in the FY '09 budget, for this year's Infant Mortality Reduction Initiative work to be continued.

1. \$5.6 m for The City Council Community-Level Infant Mortality Reduction Initiative (IMRI): over 40 community level organizations (CBOs) and the NYCDOHMH receive these funds.

Restore, at a minimum, the level funding for the community-based Infant Mortality Reduction Initiative, funded 2001 – 2008, which is targeted to high need communities citywide, demonstrating high rates and growing disparities in the Infant Mortality Rate (IMR), and showing indicators of poor maternal and child health status, e.g., low birthweight and prematurity etc. This funding is omitted from the Mayor's budget.

We also request restorations for the following essential community services to continue:

2.. Child Health Clinics - \$6M

Restore \$5.3 M designated for the HHC to manage the Child Health Clinics under contract to NYCDOHMH. This was omitted from the Mayor's budget in FY 2005 and again in 2006. Funding has been allocated in the preceding years.

3.Fee Waivers for prescription medications in HHC facilities- @2.4M

4. \$ 2.2 M for Summer school nurses

5. \$1.6 M for mental health services for childre under age 5years, in high need communities.

6. \$6.3 million for a variety of mental health and substances programs provided at HHC facilities for high need populations.

And: New Request:

7, \$3M in new funds for primary care expansion in high need communities.. This is an initiative of the Mayor and the Speaker which began last year,

1. Community bases primary care services expansion Level Locally-Driven Health Planning City-wide - \$1.5M. This is a new request

The importance of the The City Council Infant Mortality Reduction Initiative (IMRI)

In 2001 the NYC Council took historic action to fund the first community level locally-driven IMRI at \$5M. Each year since, public advocacy has resulted in the restoration and inclusion of this money in the negotiated budget. This year IMRI funding is again excluded from the Mayor's proposed Budget and is not among the priorities that the DOHMH is seeking funding for. Correlated with the high Infant Mortality Rates (IMRs) in the same communities, are similarly very high rates of infants entering the Foster Care system and/or their families needing/seeking Child Welfare Services (CWS) interventions. It appears that families who are bearing and parenting infants in these low income communities are at very high risk of both infant death, and poor well being leading to foster care placement/CWS interventions. This indicates that current levels of prevention services are inadequate and/or need more coordination across both service sectors. Community-level planning can facilitate this vital coordination.

City-Wide IMR is increasing in some communities of color. The disparities for Blacks and Puerto Ricans are especially high.

Community Efforts to Mobilize for Improvement in Maternal and Child Health Status Has Been Effective

Since 1988, a network of CBOs have come together, in Brooklyn (and other boroughs) facilitated by BPN's leadership to coordinate the communities' response to poor maternal and child health status and to fight the infant mortality problem. **Substantial progress has been made with the cumulative IMR declining more than 70% from 1980-1981 in some of the communities BPN targeted.** Yet persistent and disturbing disparities continue to exist in some communities. A broad consensus has emerged among these community based service providers on the need for community level, locally driven strategic planning to protect the gains and to continue to advance maternal child and family health status, in our communities challenged by health disparities and poverty.

I hope you will agree with me that with IMR in NYC these groups is a major concern with disparities increasing and more resistant to sustained decline in some areas, this is no time to withhold allocations for IMR community level work.

In closing, it is important to state that you, the Council, use language to ensure that communities have meaningful input into decisions that impact the services/care they receive. There are grave dangers now with the closing and reductions of essential and needed services in communities with grave health disparities. In Central Brooklyn (one of the sickest community in NYC), significant services have already been withdrawn without any planning. You, our honorable elected officials/public policymakers, are and must be the champions of our communities' health and well being. I urge you to carefully consider my testimony and to support the funding requests I have made for budget allocations on behalf of my borough, Brooklyn and citywide.

Thank you all for allowing me to present testimony to you.

**Ngozi Moses
Executive Director
Brooklyn Perinatal Network, Inc.
3.11.08**

Infant Mortality Plagues Central Brooklyn

By Helen Klein

November 6, 2006

Courier Life Publications, Inc.

A human tragedy continues to unfold in central Brooklyn.

The communities at the heart of the borough persist as an epicenter of infant mortality, due in large part to the fact that access to quality, timely health care is limited, both for mothers-to-be and their young infants.

Sadly, this situation endures despite the fact that there have been some gains made in certain areas, thanks to intensive grass-roots efforts at working with mothers-to-be in neighborhoods traditionally underserved in the arena of health.

Indeed, the risk of death is more than three times as high for a black baby in his or her first year of life as it is for that baby's white counterpart, and more than twice as high for a Puerto Rican infant as for a Caucasian infant, according to Ngozi Moses, the executive director of the Brooklyn Perinatal Network (BPN).

The impact of this on Brooklyn residents is anything but theoretic. The borough is second to the Bronx in the rate of infant mortality (with an average of 6.6 infant deaths per 1,000 live births, compared to 7.1 in the Bronx), according to the New York City Department of Health and Mental Hygiene (DOHMH).

In addition, Moses stressed, six of the 10 community districts in the city with the highest infant mortality rates are in Brooklyn, with five in central Brooklyn. "Some parts have had improvements, but not what we would like to see," noted Moses.

Even more frightening, while New York City infant mortality rates have decreased overall (to 6.1 per 1,000 live births in 2004, a six percent reduction from 2003), the rate for black infants has risen, particularly in certain neighborhoods, Moses said.

"One of our big concerns is that national trends in black infant mortality went up, and it also went up in New York City," she explained. "We have seen disparities increase from two-fold to three-fold."

Increasing Disparity

Using DOHMH statistics from 2004, Moses pointed out that the disparity in infant mortality rate between blacks and whites, "Has been increasing over the past four years as blacks' infant mortality rate increased by 16 percent while the white infant mortality rate declined by almost the same amount (15 percent) over the same period."

These frightening statistics were outlined in a May 4th letter from Moses to community residents, urging support for efforts by BPN and other community-based organizations to keep funding in the city budget for their work.

Moses pointed out in the same letter that, "The infant mortality rate for Hispanics of Puerto Rican descent is 7.5 (per 1,000 live births), which is

67 percent higher than that of all other Hispanics" (4.5 deaths per 1,000 live births).

Acknowledged DOHMH, in a 2005 statement on the agency's website, "Infant mortality rates vary by borough, with higher rates in New York City's poorest neighborhoods."

And, said DOHMH Commissioner Thomas Frieden, in discussing the statistics, "While overall rates have decreased, several communities account for a disproportionate share of infant deaths. And, as in previous years, the rates for black and Puerto Rican infants were higher than other groups."

According to the DOHMH statistics for 2004 quoted by Moses, Community District 17, which includes East Flatbush, has the second highest infant mortality rate citywide, and the highest in Brooklyn, with 12.3 infant deaths per 1,000 live births.

For the purpose of calculating infant mortality, deaths are considered as infant mortality if the child dies before his or her first birthday.

Right behind CD 17 is Community District 13, which includes Coney Island and Brighton Beach, with an infant mortality rate of 11 per 1,000 live births. CD 13 has the second highest infant mortality rate in the borough, and the third highest citywide. CD 13 is the only one of the six Brooklyn CDs in the group which is not a part of central Brooklyn.

Community District 16, which includes Brownsville, is third in Brooklyn and fourth citywide in infant mortality, with 10.7 infant deaths per 1,000 live births. The individual neighborhood of Brownsville, according to DOHMH, had "The highest infant mortality rate in the city" (12.2 deaths per 1,000 live births) in 2004.

Community District 5, which includes East New York, had the fourth highest rate of infant mortality in the borough, and the sixth citywide, with 10.2 infant deaths per 1,000 live births.

Community District 9, which includes south Crown Heights was fifth in the borough and eighth in the city in infant mortality; there, 9.8 infants died before their first birthday per 1,000 live births.

Community District 8, which includes north Crown Heights, is not far behind, with 8.8 infant deaths per 1,000 live births, giving it the sixth highest infant mortality rate in the borough, and the ninth highest citywide.

Looking Deeper

What's going on here? Studies have attributed the striking disparity, at least in part, to, "Socio-economic conditions (high poverty and income inequality) in families at risk; patterns of racial segregation and other forms of discrimination that might affect both incomes and access to

health services; and inadequate levels of health care access by mothers in poorer neighborhoods," according to a fact sheet distributed by BPN.

The higher infant mortality rate correlates as well to a higher rate of premature births and low birth-weight babies. Babies born prematurely, with low or very low birth weights, are at increased risk of many different health complications - not only the possibility of an early death, but long-term physical and learning disabilities that can be a lifelong disadvantage. Yet, in inner city neighborhoods, interventions to help prevent such births are limited by a variety of factors.

"Distrust of the system, lack of access, quality of care, timeliness of access, things to do with culture, migrating from one culture to another" all play a role in hobbling these mothers' ability to give birth to thriving babies, said Moses.

"A lot of people show up for delivery at an emergency room without having prenatal care," she acknowledged. "A lot of women get care late or not at all. A lot of immigrants feel they don't have to because they wouldn't have, at home. They don't realize what stresses in this country can make pregnancy more risky than at home."

Added Pressure

And, Moses added, the situation isn't likely to improve as health care facilities in central Brooklyn shut their doors.

"We do know that, in the central Brooklyn area, maternal child health services are disappearing rapidly," emphasized Moses, citing the recent closures of St Mary's Hospital, a maternal-child health service at Kingsbrook Jewish Medical Center and the Lyndon B. Johnson Community Health Center.

These closures included the shut-down of two WIC (Women Infants Children) centers, which provided support to mothers who urgently need it. "These sort of things aggravate the situation," she stressed.

Given the fragility of the support system for the most at-risk mothers, organizations such as BPN, Moses said, play a key role in brokering the relationship between young mothers and mothers-to-be and health services that are crucial to their babies' well-being.

Yet, she noted, the city each year tries to divert funding away from the CBOs and toward larger organizations that, Moses contended, can't navigate as effectively through the community to reach those who are in crucial need of such services.

"We pride ourselves in reaching many of the women who are hard to reach and helping them to get care, and we think a lot of decreases in infant mortality happened because of programs like ours, but it's still too high in many areas," said Moses.

Money Well Spent

This year, BPN and other organizations advocated for \$10 million to fund local CBOs that are dedicated to turning the situation around. Ultimately, said Moses, they succeeded in having \$7.5 million in funding targeted at high-needs areas restored to the budget as the Infant Mortality Reduction Initiative (representing a \$4.8 million city allocation, plus state matching funds), thanks, in large part, to support

from two Brooklyn City Councilmembers, Letitia James and Yvette Clarke.

"I think they set the tone to say we are supportive of these organizations," remarked Moses. "I think they made a huge difference in how DOHMH will see us from now on."

"If we don't focus on the health care needs of infants, these children won't go on to become productive members of society and to attain educational achievement," noted James. "That's really what this is all about."

The money awarded to CBOs for use through IMRI is money well-spent, Moses contended. A relatively small investment, per pregnant mother, can pay huge dividends. "Preventing the birth of two low birth-weight babies can fund a \$180,000 health promotion program that will provide more than 50 at-risk pregnant women with intervention to reduce their risk of bearing low birth-weight babies," said Moses in the BPN fact sheet.

Indeed, she noted during an extended interview, "For \$6,000 worth of prenatal care (for a woman who begins to receive it at the end of the first trimester of pregnancy), you are likely to end up with a healthy child," Moses said. "If you don't get care and you end up with a premature baby or a low birth-weight baby, or if the mother has risk factors, costs start at about \$90,000. For a very low birth-weight baby, that doubles to \$180,000. And, that's only for the first period. Annual costs remain at that level."

This all adds up, said Moses, to, "Millions of dollars spent that could be saved if early investment is done."

School Days

Just think of education costs alone. Approximately half of children in special education, said Moses, were low birth-weight babies who had "challenges developing, and were slow learners."

Lack of prenatal care, "Impacts the health of the child and costs taxpayers millions of dollars for one child, compared to a child that had a normal birth," she stressed. "When you take the additional burden on society, the cost is enormous, and it's a drain on communities that don't have a lot of resources to begin with."

Looking ahead, said Moses, a key to reversing the situation is to fund targeted programs in communities with high infant mortality rates, in conjunction with economic development in these communities. "There needs to be a redistribution of resources, targeting them sufficiently to communities at high risk," Moses contended.

Right now, she said, "Providers are cash-poor and they are required to provide all the help to families who are cash-poor. That's a recipe for disaster. We are given a little but told to do a lot, that numbers matter. Economic development would tie directly to making sure the organizations in the community are funded to provide jobs."

That, Moses said, would be an investment in the future that could reap huge dividends - not merely in financial terms but in terms of building families whose members are happy, healthy and productive members of society. ■

Privatization of Dialysis at Bellevue Hospital Center
March 11, 2008

My name is Anne Bove', RN. I am a Registered Nurse who works at Bellevue Hospital and a member of NYCRNA District 13. I wish to thank you for this forum and an opportunity to express my concerns about the privatization of dialysis at Bellevue Hospital.

Bellevue Hospital is a level one Trauma Center that provides many essential services to the community at large. Dialysis is an essential service provided within these essential services. At present negotiations are occurring to outsource dialysis services at Bellevue Hospital. Issues framing these efforts surround reimbursement, capital monies for new equipment and environmental support as well as compliance with New York State Department of Health regulations.

With reimbursement the process for acquisition of funds has been cited. A review and revision of local process would seem to be in order. If an outside vendor can generate a profit, why can't that profit be Bellevue's? With preliminary contract provisions discussed, the vendor would be responsible for a "good faith effort" in reimbursement and Bellevue would be responsible for payment to the vendor of funds not received. The potential for financial compromise for Bellevue is apparent. With capital monies needs were alternatives like grants or fund raising exhausted?

The dialysis unit at Bellevue has long provided expert care to the patient population it serves and has met the standards required for operation to date. Compliance and maintenance of any and all governing and accrediting agencies has been and continues to be the focus of all level of caregivers.

Finally, access to care is paramount. A private vendor by the nature of its existence cannot support the mission of Health and Hospitals Corporation, Bellevue's, to provide care regardless of ability to pay. This partnership in provision of care is a dichotomy of philosophy and potentially leads to inconsistency of healthcare delivery.

In summary, if dialysis at Bellevue is privatized, what service will be next? What oversight will be provided to ensure safe quality care for patients? This patient population is extremely vulnerable and should be handled with care not parceled out.

Attached is a list of questions generated from patients, community, and staff for your review and follow-up.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Anne Bove', RN'. The signature is fluid and cursive, with the first name 'Anne' being the most prominent.

Anne Bove', RN

ATTACHMENT January 2007

Questions from patients, community, and staff:

- o Will the provider furnish both in-patient and outpatient dialysis?
- o Will it include CRRT, charcoal, toxicology dialysis?
- o While some of the reasons for contracting out include upgrading machines and services, and problems with reimbursement, were other alternatives, like grants or fund raising considered?
- o Will frequency of treatment and scheduling remain the same?
- o Will patient care remain the first priority?
- o Will there continue to be scheduling flexibility?
- o Will the quality of the personnel including continuation of background checks, level of competence, educational and job requirements remain the same?
- o Will there continue to be emergency treatment on call?
- o Who will continue to provide patient education and counseling?
- o Who will be the primary care provider or primary care nurse?
- o Will all languages be provided?
- o Will there be the same social work component?
- o Will the staff be part time or full time? Floaters or regulars?
- o Will there be the same continuity of care?
- o What kind of oversight will be provided? Will there be performance indicators?
- o Will the contract have escape clauses?
- o Will the physical and emotional environment change?
- o Will there be a new laboratory for blood work?
- o Will there be patient education about treatment alternatives and new technologies?
- o Will the caliber of care remain the same?
- o Will Bellevue or the contractor handle patient complaints?
- o What is the status of dialysis at Elmhurst Hospital?

No available access as specialty on website:

<http://home2.nyc.gov/html/hhc/html/home/home.shtml>