



FEDERATION OF PROTESTANT WELFARE AGENCIES

Testimony prepared for the  
New York City Council's  
Committee on Health

Hon. Corey Johnson, Chair

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My name is Esther Lok and I am the Assistant Director of Policy, Advocacy and Research at the Federation of Protestant Welfare Agencies (FPWA). FPWA has been working since 1922 to improve the lives and conditions of disadvantaged and low-income New Yorkers through our network of human service organizations and churches that operate over 1,200 programs throughout the New York City metro area. Together we serve over 1.5 million low-income New Yorkers of all ages, ethnicities and denominations each year. This gives us a comprehensive view of the complex social problems that face New Yorkers today and allows us to identify common ground among our member agencies so that we can have a greater impact as we advocate for vulnerable New Yorkers.

FPWA would like to thank Chairman Johnson and members of the New York City Council's Committee on Health for the opportunity to testify on programs and initiatives that would improve access and health coverage to all New Yorkers. As FPWA envisions being a driving force of building a city of equal opportunity, we believe New York City must reduce health disparities by ensuring that all New Yorkers have health care access and coverage, and that targeted programs and policies are in place to address health crisis that have disproportionately impacted low-income, minority and disenfranchised communities, such as the HIV/AIDS epidemic.

### **Ensuring All New Yorkers Have Health Care Access and Coverage**

New York City continues to have a large number of uninsured residents. According to a report published by the Urban Institute (Washington, D.C.), it was estimated that more than one million residents in New York City in 2012 were uninsured. While close to half a million people (n= 498,943) in this group were enrolled into Medicaid, Child Health Plus (CHP) and Qualified Health Plans (QHPs) in 2013 through the New York Health Exchange, which was developed as a result of the implementation of the federal Affordable Care Act (ACA), many New Yorkers continue lacking health coverage and do not know how to access or navigate the health care system.

Using data from the 2012 American Community Survey, the Pratt Institute in Brooklyn recently created a number of maps to locate the uninsured population in New York City. Developed as a result of pro-bono service provided for the People's Budget Coalition on Public Health (PBC), a coalition which FPWA co-leads with the Commission on Public's Health Systems, these maps (see sample map attached) show that the uninsured are mostly found in neighborhoods where there are large foreign-born populations. Here are some examples:

- Brooklyn – **North Bushwick (31%)**, Sunset Park West (25%), Ridgewood (23.4%) and Sunset Park East (22.8%)
- Bronx – West Farms-Bronx River (22.4%), Fordham South (21.3%) and Soundview-Bruckner (21.3%)
- Queens – **North Corona (44.9%)**, East Elmhurst (29.8%), Elmhurst (29.2%), Corona (27.9%) and Flushing (25.8%)
- Manhattan – Washington Heights (20.8%), Manhattanville (19.7%) and East Harlem North (17.6%)
- Staten Island – Port Richmond (15.4%) and Stapleton-Rosebank (15.2%)

According to our community partners serving the immigrant populations, education on basic concepts of health insurance as well as health care products is critical of their enrollment outreach effort, especially those who do not receive health insurance through their employers but are small business owners themselves or work in a cash-based industries. This is because many of them came from countries where the practices of paying a premium for health care they do not anticipate needing, or having to stay within a network of providers are both new and foreign.

The uninsured are also likely to be found in neighborhoods where English is spoken as a second language. For instance, at the Adult Literacy/English for Speakers of Other Languages program at the University Settlement Society, a member agency of FPWA located in Chinatown, out of their 366 students of this current school year 2014-15, 100 do not have health insurance and 32 did not disclose health insurance information at the time of intake. Additionally, when a new layer of data – poverty rate, is added onto these maps, we learn that the most vulnerable group within the uninsured are foreign born, speak English as a Second Language and low-income.

Another important note is the use of in-person assistance. During the first year of implementation of the ACA, the use of in-person assistance was much higher among those who enrolled in Medicaid (57%, in which 46% of applications were completed through the help of certified application counselors) and CHP (53%) than for QHPs (36%)<sup>i</sup>. This highlights the role, as well as importance of the one-on-one support required for the uninsured population when interacting with the health care system.

**FPWA recommends the Mayor and the City Council to invest \$5.5 million to support the Access Health NYC Initiative.** As our nation continues to give more Americans access to affordable, quality health insurance, and to reduce the growth in health care spending, New York City has the opportunity to develop a model that would capitalize its assets – a diverse immigrant population and an extensive, well-established network of health and human services providers.

Currently, New York State of Health Navigator contracts do not fund navigator organizations to conduct community education, outreach and post-enrollment assistance. Meanwhile, many smaller community-based organizations that do not receive Navigator contracts receive increasing demands to provide assistance to both insured and uninsured communities with culturally competent/fluent and accurate information about public health programs and services.

The **Access Health NYC Initiative** is a proposal developed by the PBC. If funded, **this initiative will be one of the largest efforts under the leadership of Mayor de Blasio and City Council Speaker Mark-Viverito to invest in health care education and outreach.** Not all residents in the City are able to benefit from the ACA. The Access Health Initiative is designed to target individuals and families who are uninsured, , people with disabilities, LGBTQ, formerly incarcerated, homeless, speak English as a second language, and other New Yorkers experiencing barriers to health care access/information about health coverage and options.

FPWA is extremely excited about the expertise that has been brought to the development of this initiative. Particularly, the Coalition for Asian American Children and Families will be responsible for establishing the application review panel and implementing the re-granting process; the New York Immigration Coalition and Commission on Public Health’s System, will be leading the training and capacity building efforts; and the Community Service Society will provide consumer assistance to resolve any post-enrollment issues. FPWA will lead the effort to develop, monitor and analyze program data and output.

Better access to insurance coverage and primary and preventive care, including the latest medical advancement such as Pre-Exposure Prophylaxis, will reduce health care costs for families and safety net providers like the Health and Hospitals Corporation, and improve health outcomes for all New Yorkers. FPWA believes that community is the key to reach the uninsured populations. We urge the Mayor and the City Council to consider investing in the Access Health NYC Initiative.

**New York City’s Plan to End the AIDS Epidemic**

New York State has borne the highest U.S. burden of HIV since the beginning of the AIDS pandemic in 1980s. In fact, 80% of all New Yorkers with HIV reside in New York City, the majority in low-income communities of color. Ensuring targeted programs and policies are in place to address health crisis, such as the HIV/AIDS epidemic, that has disproportionately impacted low-income, minority and disenfranchised communities must be a priority of the City.

In June 2014, Governor Cuomo announced a three-point plan to end AIDS in New York by the year 2020, bringing new HIV infections from over 3,000 a year to below 750 per year by 2020. In the past two years, FPWA has worked closely with a large number of organizations to develop recommendations on ending the HIV/AIDS epidemic. We were pleased with Governor Cuomo’s decision to establish the **Ending the AIDS Epidemic (EtE) Task Force** in fall 2014. This task force recently completed its recommendations and submitted a Blueprint to the Governor, which awaits to be accepted formally.

While the Governor’s leadership has been crucial to establishing the NY Plan to End AIDS, support from Mayor de Blasio and the New York City Council is vital to our success. The End AIDS NY 2020 Coalition requests that the City Council fund an initial \$10 million investment in Ending the AIDS Epidemic in the City, and to put key Blueprint recommendations into action in FY 2016.

Below is a list of key elements:

	<b>NYC Ending the Epidemic initiatives</b>	<b>Estimated cost</b>
<b>Prevention</b>	Enhance and streamline linkages to HIV prevention and care at the seven NYC Sexually Transmitted Disease (STD) clinics to bring people with HIV into care and initiate Pre-exposure prophylaxis (PrEP) for HIV-negative individuals at high risk of HIV infection.	<b>\$2,000,000</b>

	Establish a non-occupational Post-Exposure Prophylaxis (nPEP) Center For Excellence in each NYC borough to streamline and improve nPEP access and linkage to care and other forms of HIV prevention.	<b>\$1,700,000</b>
	Fund NYC DOHMH medical provider trainings on PrEP and nPEP for health providers and facilities Citywide.	<b>\$300,000</b>
	Conduct a pilot project to provide nPEP and PrEP to HIV-negative youth at high risk of HIV infection.	<b>\$300,000</b>
<b>Care</b>	Support a NYC Delivery System Reform Incentive Payment (DSRIP) Learning Collaborative to promote innovative HIV prevention and care strategies for Medicaid beneficiaries.	<b>\$300,000</b>
	Establish a NYC learning lab for HIV care providers to support scale up of interventions to overcome adherence barriers and promote viral suppression.	<b>\$500,000</b>
<b>Data</b>	Enhance NYC DOHMH HIV surveillance to include phylogenetic tracking to allow for improved HIV prevention interventions.	<b>\$1,900,000</b>
<b>Housing &amp; Supportive Services</b>	Fund HRA to expand vocational training opportunities for people living with HIV who are not Health and Recovery Plan (HARP) eligible.	<b>\$2,000,000</b>
	Fund HRA to extend the 30% rent cap to HASA clients on SSDI who are rent burdened but not currently eligible for the affordable housing protection.	<b>\$1,000,000</b>
	<b>TOTAL INVESTMENT</b>	<b>\$10 Million</b>

New York has been a center of activist, community, and scientific innovation and collaboration in responding to the AIDS pandemic. Our city and state has the people, institutions, resources, and political will to end our AIDS epidemic, and to become a leader nationally and globally in showing how to end AIDS. It is time to make ending AIDS as an epidemic a strategic priority for all New Yorkers, to end the suffering and death associated with HIV infection, progression to AIDS, and the related suffering, stigma, and devastation of our communities and our people.

Again, we appreciate the opportunity to present this testimony, and your consideration of these recommendations.

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<sup>i</sup> New York State of Health. 2014 Open Enrollment Report. June 2014. Available at <http://info.nystateofhealth.ny.gov/2014OpenEnrollmentReport>