CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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December 9, 2015
Start: 10:09 a.m.
Recess: 12:37 p.m.

HELD AT: 250 Broadway-Committee Rm., 16th fl

B E F O R E: Corey Johnson
Chairperson

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A P P E A R A N C E S (CONTINUED)

Steven Newmark
Office of the Mayor Senior Health Policy Advisor and Counsel

Oxiris Barbot
First Deputy Commissioner

Judy Wessler
Retired Director of Commission on Public Health System

Debra Lasane
Director of Programs at the Caribbean Women's Health Association

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Leon Bell
New York State Nurses Association

Anne Goldman
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Latisha Gibbs
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A P P E A R A N C E S (CONTINUED)

Fay Muir
Northwest Bronx Community and Clergy Coalition

Anthony Feliciano
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Julienne Verdi
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Heidi Siegfried
Health Policy Director at Center for Independence of the Disabled in New York

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Michael Czaczkes
Director of Policy and Public Affairs at the Gay Men's Health Crisis

Carmen Santana
Board Member at Commission on Public Health System

CHAIRPERSON JOHNSON: Good morning, everyone. I am Council Member Corey Johnson, Chair of the New York City Council's Committee on Health. Thank you for joining us today as we hear Introductions 973 and 974. New York City's healthcare system is a study in contrasts. In some places it is capable of providing world class care. In other areas, especially those with residents of low income and high need, it is woefully inadequate. Many communities throughout our city are seriously underserved, with inadequate access to primary healthcare and hospital services as well as seriously at risk for environmental and socioeconomic conditions demonstrated to be major causes of illness and injury. Introduction 973 is fundamentally about rejuvenating health planning in New York City. We must ensure that every New Yorker has access to healthcare and health planning as an important tool for getting us there. But it isn't just about identifying needs in gaps and services. It's also about making sure that the City's resources are being used efficiently and without excessive duplication. It's about creating collaboration between agencies addressing the health of New Yorkers, but are

currently uncoordinated in their efforts to increase effectiveness of the care they provide. This bill would create an office of Comprehensive Community Health Planning with a broad mandate to coordinate and improve the delivery of healthcare services by city agencies and entities that contract with the city. It would also be charged with developing plans to increasing access to low-cost and no-cost care to uninsured and low income New Yorkers. It would create an interagency Coordinating Council on Health to advise the Director of the Office of Comprehensive Community Health Planning. This coordinating council would include representatives from communities and stakeholders across the city from agencies to borough boards to health-related organizations and professions. It would develop recommendations for consideration by the Office of Comprehensive Community Health Planning to improve the efficiency and coordination of our public health system. The Council would protect access to quality medical care by developing a comprehensive plan that determines the city's healthcare delivery needs on a neighborhood level, responding to the unique demographics of different communities working with

city and state agencies, hospitals, community centers, unions, and community activists--advocates. The Council would look at ways to expand primary care, create partnerships between hospitals and community health center, and drive health investments that can reduce the burdens that damage our vital hospitals both public and private. The Council would prioritize the creation of patient-centered models of care that improve health outcomes and quality care for New Yorkers by reducing cost and redundancies. Also, as the healthcare system shifts from inpatient to outpatient and primary care services, such planning would ensure that the workforce moves with the needed services and is strongly supported with full training and upgrading opportunities. The second bill we ae hearing today, Introduction 974, would require the creation of a health facilitates mapping tool on the website of the Department of Health and Mental Hygiene. The map would include facilities that provide primary and preventative care that are open to the general public, including DOHMH-operated clinics, hospitals, diagnostic and treatment centers, and community health centers operated by New York State Health and Hospitals-- New York Health and

Hospitals and voluntary nonprofit and publicly sponsored diagnostic and treatment centers. It would be a great resource for New Yorkers looking to access care and would include information on how to choose a facility that meets their needs. It would also be a powerful tool for mapping public health because it would include 24 categories of health-related data by zip code tabulation area, which are areas defined by the US Census Bureau. The map would have a detailed population data, income-related data, demographic data, insurance enrollment data, morbidity data, data on chronic conditions such as diabetes and data on shortages of health professionals. The Office of Comprehensive Community Health Planning and the Health Facilities and Resources Map would provide the data and the analysis that program planners and advocates can use to assess healthcare needs of our communities and identify resource gaps as well as excess resources that could be distributed more rationally and equitably, and seek the most effective use of highly trained and dedicated healthcare force. It would also enhance the accountability and effectiveness of the process by engaging residents and communities in the process informing the public

of these needs and gaps, and generating the local supported needed to leverage state government to provide the resources of the city's residents and community's need. As we embark upon a city--as we embark as a city upon ambitious initiatives to increase access to primary preventative health services for marginalized communities and expand capacity at our community-based providers, schools and federally qualified health centers. We must simultaneous contend with the closure of Safety Net [sic] institutions and the privatization and closure of services. This package will give the Council patients, healthcare practitioners, advocates, and agencies, the information necessary to developing a strategy for ensuring that all New Yorkers no matter their race, age, economic status, or zip code live in communities that are healthy in all senses of the word and are able to access necessary health services. Thank you for being here today. I look forward to today's testimony. I want to note that we have a new member of the Committee. He's not here yet, but Council Member Jimmy Vacca was appointed to this committee earlier this week, which brings us up to, I believe, 10 members or 11 members. So, I'm

sure other Council Members--there are simultaneous hearings going on this morning. So I'm sure we will be joined later. I want to thank my Legislative Director Louis Cholden-Brown, the Committee Counsel David Seitzer [sp?], and the Policy Analyst for the Committee Crystal Pond, and I want to ask the--do you have the oath, David? I want to ask the Administration if you could please raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and to respond honestly to Council Member questions?

STEVEN NEWMARK: I do.

CHAIRPERSON JOHNSON: Thank you very much. You may begin in whatever order you'd like. If you could just please state your name for the record?

STEVEN NEWMARK: Good morning, Chairman Johnson and member of the Health Committee. My name is Steven Newmark and I work in the Office of the Mayor, specifically as a Senior Health Policy Advisor and Counsel under the Deputy Mayor for Health and Human Services. I thank the Committee for the opportunity to testify today on work the city does

with respect to health planning. We look forward to working with the Council to improve health outcomes for all New Yorkers, but the Administration has concerns that creating an additional office as mandated in Intro 973 is not the way to archive these goals. Intro 973 would create an Office of Comprehensive Community Health Planning with an expansive mission currently advanced by several existing well-staffed agencies. In addition to being duplicative, we believe that creating an additional layer of bureaucracy would undermine the clear lines of accountability that currently exist between the Mayor's Office and these various agencies, and ultimately distract from our shared mission of serving New Yorkers. Over the last two decades, New York City has made great progress towards improving the health of health of New Yorkers and addressing the key epidemics of our time, chronic diseases such as heart disease, type II diabetes and asthma. It is important to note that 80 percent of health outcomes are attributable to non-healthcare delivery services and addressing the social determinates of health including access to healthy food, safe housing, and economic opportunities will make the greatest

differences. Using Take Care New York 2020 and OneNYC as frame works for action, this Administration is well poised to meet its goal of reducing premature mortality by 25 percent by 2040. To help coordinate this work, our city is blessed to have the premier local health department in the nation which works diligently to advance health equity for city residents. Since its creation--since the creation of its pre-cursor in 1805 by the City Charter, the Department of Health and Mental Hygiene, DOHMH, has received national recognition in the field of public health. With over 6,000 employees and a billion dollar budget, the Charter has entrusted DOHMH with carrying out significant responsibilities. Section 555 of the City Charter specifies that the Health Commissioner has the power and duty to prepare and submit to appropriate governmental authorities, short term, intermediate and long-range plans and programs designed to meet the said needs of the city, including the needs for construction and operation of medical and healthcare facilities and establish priorities among them. In addition to DOHMH's significant role, the Mayor's Office is dedicated to the residents obtaining the equal provision of health

services and reducing inequalities in health outcomes. The Mayor's Office serves a key role in driving better integration and coordination between city agencies to create a clear health policy framework. Mayor de Blasio and Mayor's Office staff work to ensure that New York City residents receive the best services available and have an opportunity to voice their opinions in important community health decisions. The Deputy Mayors and their staffs coordinate regularly to ensure that the work being done across the city in all policy areas including health is done in a coordinated and targeted manner. The Mayor is particularly proud of the role he has played in three specific citywide initiatives. First, Thrive NYC, a program born out of efforts by the Mayor and the First Lady to focus more attention and resources on mental health issues has brought together multiple agencies and external stakeholders to develop tangible solutions for increasing access to behavioral healthcare. Second, the Mayor's Taskforce on Immigrant Healthcare and Access similarly brought together city agencies and advocates to focus on a population that has historically been underserved by our health delivery

system. The Taskforce recently issued recommendations which will be carried out in the coming years thanks to a partnership between the Mayor and the City Council. Third, the Mayor's Caring Neighborhoods Initiative is bringing greater primary care access and specifically community health centers to neighborhoods in need. This initiative builds upon a DOHMH commissioned analysis conducted by the Community Health Care Association of New York State, CHCANYS [sic], supplemented by the expertise of DOHMH and ongoing work at New York City Health and Hospitals and the New York City Economic Development Corporation, EDC. Through the efforts of DOHMH, Health and Hospitals and EDC, New York City is poised to have 16 new and significantly expanded community health clinics. In sum, the Administration believes it has set the city on a path for a healthier future, and one in which disparities in health are further reduced. The Administration works regularly with neighborhood residents, policy experts and labor leaders to effectively craft health policy. We look forward to working with the Council to continually improve our efforts in promoting the health of our

residents. Thank you for the opportunity to testify today, and I'm happy to answer any questions.

OXIRIS BARBOT: Thank you. Good morning Chairman Johnson and members of the Committee. I'm Doctor Oxiris Barbot, the First Deputy Commissioner at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on the topic of community health planning. The mission of the Health Department is to improve the health of all New Yorkers. As in many large cities, the health of New York's residents is addressed through a comprehensive system of partnerships across the health care, public health, and non-health sectors. The Department has a major role as a facilitator in uniting and maintaining information in this system and helping to steer the system toward achieving health equity and improving population health. We have extensive population health care system and health planning expertise. Our agency works tirelessly to analyze the systems that deliver health care services in New York City, recommend best practices and coordinate the complex system of stakeholders to help all New Yorkers receive affordable high quality health

services. Many of the health issues facing New Yorkers including obesity, type II diabetes, hypertension, and maternal mortality disproportionately affect communities of color. In 2014, to better coordinate health planning involving under-served populations, the Department launched the Center for Health Equity. The Center is focused on advancing the Department's framing of health as a racial justice issue, investing in key neighborhoods, building partnerships that advance racial and social justice and make injustice visible through data and storytelling. These approaches allow the Department to better address the root causes of health inequities. The center does this work in collaboration with all Health Department divisions and to the central coordinate of our policy planning and strategic data use unit. Improving health equity requires government policy makers, health professionals, researchers and community groups to work together and the Department plays a critical role in bringing these stakeholders to the table. Earlier this year, the Department was funded by the Administration to launch the Neighborhood Health Hub Initiative. Community-based organizations, providers

of medical, dental and mental health services and other city agencies will be co-located under one roof in underutilized department buildings in high-need neighborhoods. The goals of the hubs will be to build on neighborhood assets and identify resource gaps to improve population health, address root causes of health inequities including the physical environment, structural racism, housing and employment, and closing service gaps and reduce abundance redundancy by bringing community groups together to facilitate neighborhood health planning. The Center for Health Equity staff will coordinate work of hub partners and assist in navigating community members to the appropriate health and social services. The hubs will be located in Bedford, Brownsville, Bushwick in Brooklyn, Central Harlem and East Harlem, in Manhattan, and Morrisania and Tremont in the Bronx. We are excited to share that new partners will be moving into the Bedford, East Harlem and Morrisania hub sites in the early part of 2016. Additionally, the Department is partnering with the Fund for Public Health in New York for United Hospital Fund and the New York Academy of Medicine to facilitate the New York City

Population Health Improvement Program, otherwise known as PHIP. The PHIP promotes health equity as well as the triple aim of better care, lower health care cost and better health outcomes for New Yorkers. Through the PHIP we engage community members and cross-sector leaders in strategic health planning in order to increase investment in public health interventions that prevent disease and improve health equity. The PHIP partnership also supports the local transition to value [sic] based health care and advanced primary care. A critical part of the PHIP is the steering committee which consists of representatives of multiple sectors, including health care systems, health services payers, education, academia, and economic development. Membership includes the Department, CUNY School of Public Health, the Fund for Public Health in New York, Greater New York Hospital Association, New York City Health and Hospitals, Hispanic Federation, Health First, Jewish Association Serving the Aging, Metro New York Health Care for All Campaign, New York Academy of Medicine, as well as Public Health Solutions, Partnership for a Healthier New York City, and the United Hospital Fund. The steering

committee meets quarterly and recommends priorities and multi-sector strategies relevant to meeting the health needs of sub-populations that disproportionately experience adverse health outcomes. PHIP activities are planned through 2017, and we believe that this existing infrastructure can be used to continue comprehensive health planning citywide. The Department is also a key stakeholder in the New York State Delivery System Reform Incentive Payment Program, also known as DSRIPP. We offer guidance and support to each of the 11 New York City PPS's in planning projects to create patient-centered medical homes, integrate behavioral health services with primary care, and implement community oriented and evidence-based interventions on asthma, HIV and tobacco. The Department's Division of Prevention and Primary Care was created in 2014 to advance improving access to and the quality of primary care and prevention efforts throughout New York City with the focus on population health. The division is tasked with supporting and promoting primary care and has been assisting over 16,000 clinical providers and their organizations with the adoption of information systems including electronic

health records quality improvement, practice change to improve the delivery of preventive services, and coordinate care for patients with chronic conditions. Since 2010, even before PHIP and DSRIPP, we have provided technical assistance to hundreds of community-based practices to improve their ability to manage chronic diseases and connect with community-based resources. These activities have been ongoing as part of practice transformation activities across the state and country, including patient-centered medical homes and Medicaid health homes. The Department's work also focuses on devising and implementing policy program and research interventions that maximize coverage and reduce barriers to health care access for underserved populations. We have a team of certified application counselors, CAC's, who work throughout the year to identify uninsured New Yorkers to educate them about their health insurance options and provide assistance signing them up for coverage through the New York State of Health Marketplace. This team also helps link New Yorkers to appropriate and affordable health care services. In addition to our CAC outreach during the Marketplace open enrollment periods we

launched a citywide public awareness campaign, Get Covered, to increase enrollment into health insurance and promote use of in-person enrollment assistance. Recognizing that immigrants can face additional barriers in accessing health insurance coverage and care, we co-chaired the Mayor's Taskforce on Immigrant Healthcare Access. As part of this work we are working closely with the Mayor's Office of Immigrant Affairs and other city agencies to lead the development of a healthcare access program for immigrants who are excluded from federal and state support that will begin in the spring of 2016 as a pilot program. This program will allow New York City to provide more coordinated primary and preventive care to those foreign-born New Yorkers who cannot access insurance even under the Affordable Care Act. The coordination of citywide mental health and substance use services is another important role of the Department. Our Division of Mental Hygiene is the local governmental unit that has statutory authority and responsibility for oversight and management, quality improvement and fiscal oversight of the local behavioral health system. New York State Mental Hygiene Law requires the Department to

develop an annual local services plan with input from stakeholders including hospitals, community mental health centers, consumer groups, advocates, community-based organizations, local correctional facilities and other local criminal justice agencies. We also organize the New York City Regional Planning Consortium which identifies and addresses issues stemming from the transition to Medicaid-managed behavioral health care for which we have legislative authority for joint oversight with the state. The Regional Planning Consortium monitors service access and capacity, system stability and improvement and service quality efficiency and efficacy. Additionally, as a part of Thrive NYC, we facilitate the Mental Health Council, which provides guidance for implementation of behavioral health initiatives across city government. Regarding Intro 974, the Department routinely analyzes the existing landscape of the city's healthcare resources. This analysis includes the existing universe of federally qualified health centers and other safety net providers, primary care capacity and health professional shortage areas. Through the Community Health Survey we analyze the status of New Yorker's health using a

series of indicators and monitor access to care through questions related to unmet medical and mental health needs, insurance and primary coverage. This information is crucial to the development of the Department's health plans such as Thrive NYC and Take Care New York 2020, and is used to make recommendations to key stakeholders where efforts might be directed in order to address disparities in access to care. We support the intent of Intro 974 and look forward to discussing details such as availability of data, the inclusion of mental health and substance use services and additional resources required to make this happen and we look forward to doing that with you in the near future. Thank you again for the opportunity to testify. I am happy to answer any questions.

CHAIRPERSON JOHNSON: Thank you, Doctor Barbot. Thank you Steven Newmark for being here this morning and for testifying. I wanted to start off by asking Doctor Barbot if you could give us a sense of the current health services provision of care services, direct health services that the Department delivers to New Yorkers.

OXIRIS BARBOT: So, the direct services that we provide range from preventive services such as immunizations, home visiting, all the way through to treatment services for sexually transmitted diseases, tuberculosis and HIV.

CHAIRPERSON JOHNSON: And either you, Doctor Barbot or Steve, how many other city agencies are involved in providing some level of health services?

STEVEN NEWMARK: There are a number of city agencies that provide some level of health services, HRA, ACS, Homeless Services has some level of health services. Even DFTA has some level of contracting out for direct services. These are all agencies that report directly to HHS, Deputy Mayor for HHS. NYPD, Sanitation both conduct health services on their personnel to ensure that they're fit for services--fit for service. Sanitat--sorry, I mentioned Sanitation.

CHAIRPERSON JOHNSON: DOE?

STEVEN NEWMARK: DOE, FDNY, of course has EMS, so it's a number of services. It's a number of agencies.

CHAIRPERSON JOHNSON: And right now, the coordination between those agencies doesn't fall to the Health Department. It falls to the Deputy Mayor for Health and Human Services.

STEVEN NEWMARK: Correct.

CHAIRPERSON JOHNSON: I--and I'm wondering, so--I miss Lilliam Barrios-Paoli. I wish that she was still Deputy Mayor. She's an amazing woman, and I think she did an incredible job as Deputy Mayor, and it was a pleasure to work with her. Could you talk a little bit about the agency coordination on health related services that the Deputy Mayor's Office did during her time there?

STEVEN NEWMARK: Sure. Essentially, any agency that touched health in any way, health services, health provisions, promoting health access, health care was always run, excuse me, was always run through our office, was always run through the Deputy Mayor, and we would always cross-check with any necessary staff within the Mayor's Office, within other agencies to make sure it was meeting the Mayor's vision of health provisions as we move forward.

CHAIRPERSON JOHNSON: Can you give me an example?

STEVEN NEWMARK: An example I can give--you want me to give you examples of initiatives such as Thrive NYC?

CHAIRPERSON JOHNSON: No, not Thrive NYC, an example of where there was coordination that was needed between agencies that were providing health services or things that you thought that the Health Department should know about or be involved in that other city agencies were doing where the Deputy Mayor's Office, your office, got involved to ensure coordination between those agencies.

STEVEN NEWMARK: Sure. There were some programs that DFTA is involved with that are of course targets the aging population that were brought to our--that came to the Deputy Mayor's Office. We ran it by a policy analysis as to whether it was, again, meeting with the needs of the city as a whole, consulting with the necessary folks at the Health Department and would either blast [sic] or ask for changes in specific policy and enactments as they went forward.

CHAIRPERSON JOHNSON: And the Health Hub Initiative that was mentioned in, I think it was in both of your testimonies that is currently--there's a significant involvement from EDC in that, right?

STEVEN NEWMARK: I--

CHAIRPERSON JOHNSON: [interposing] The Caring Neighborhoods.

STEVEN NEWMARK: Close. Caring Neighborhoods is a Mayoral initiative including in Caring Neighborhoods. So, Caring Neighborhoods is an initiative to bring, expand primary care access to those in need. It's hoping to bring those underused--underserved neighborhoods better primary care access through the creation and expansion of existing community health clinics. The goal is to provide 60 new--at least 60 new community health clinics. The role, its multiagency program. It was born out of data collected from CHCANYS supplemented by data from the Department of Health and Mental Hygiene as well as the Health and Hospitals Corporation. Health and Hospitals is working to expand existing clinics as part of this program, build new clinics as part of this program. EDC is working to create--is working with existing FQHC's [sic] to provide technical

assistance, grant funding to build eight new sites. So, EDC is almost you would say, if I'm over simplifying, working with the private FQHC providers, but there's also the HHC expansion component, and where DOH comes into play is through the Health Hubs which would be collocated in some of the HHC--sorry, Health and Hospitals facilities will be collocated as some of these Health Hub sites as well. There is a possibility that some of these Health Hub sites will be collocated with some of the eventual participants in the Caring Neighborhoods FQHC participants.

CHAIRPERSON JOHNSON: So, which Deputy Mayor is overseeing this initiative?

STEVEN NEWMARK: Which Deputy Mayors are--this is an initiative that is being spearheaded by the Deputy Mayor, really being co-spearheaded by a Deputy Mayor for Health and Human Services, the Office of the Deputy Mayor for Health and Human Services and the First Deputy Mayor's Office.

CHAIRPERSON JOHNSON: My interactions on this have been with the First Deputy Mayor's Office, not with your office when I've had meetings about this. Your office hasn't--

STEVEN NEWMARK: [interposing] I was very aware of some meetings that you were involved with and there were scheduling conflicts that I wasn't able to make it those specific meetings, but--

CHAIRPERSON JOHNSON: [interposing] But this was when Lilliam was Deputy Mayor, and I talked to her regularly, and she, you know, said to me this is out of Tony Suarez's [sic] office.

STEVEN NEWMARK: Well, as I said, it's--I could assure you it's both offices that are working in conjunction.

CHAIRPERSON JOHNSON: So, I guess the point I'm trying to make is that if we have multiple city agencies and the great work that DOHMH does on immunization, on STD, on home visits, and then you have DOC that does services which now is going to be worked in with New York City Health and Hospitals. You have the Office of School Health. You have ACS. You have DHS. The intent behind this bill is regardless of who the Mayor is, regardless of who the Health Commissioner is, regardless of who the Deputy Mayor for Health and Human Services is, that enacted in Local Law and in Administrative Code is an office that will do comprehensive citywide health planning,

and good Deputy Mayors come and go. We just lost one. And good Health Commissioners come and go. We currently have one. And good staff members and First Deputy Commissioners come and go. Times change, new Administrations come, and visions change, and what happens if we get a Mayor or a Deputy Mayor who doesn't care that much about these issues or a Health Commissioner that doesn't care that much about community health planning? But it seems to me the position the Administration is taking, and I have no problem with this Administration and the work that you all are doing on this, on--think you detailed it in both of your testimonies about all of the outreach you're trying to do and the coordination you're trying to, but Administrations come and go. People come and go, and unless you have this enshrined and protected in Local Law depending on the values, priorities and whims of future appointed people, this may not be important, and so that is the general thrust behind the intent of this legislation, which I think you know about. So, I just have a question here. So, who are those other city agencies that we named, DFTA, ACS, DHS, agencies besides DOHMH? When they're engaged in a provision of health services or

when they're working on initiatives related to a division of health services, who's involved in that? Is DOH brought in?

STEVEN NEWMARK: Right. It would depend on the initiative. I can't speak to every initiative, but certainly if it--

CHAIRPERSON JOHNSON: [interposing] But anything that's health related. Let's just say that DHS is going to be doing something health related for their clients? Is DOHMH involved in that, advised in that?

STEVEN NEWMARK: It is always brought to the attention of the Deputy Mayor, and the Deputy Mayor would run health items by the Commissioner of Health.

CHAIRPERSON JOHNSON: So, are there key people in agencies that know to contact your office, or--

STEVEN NEWMARK: [interposing] Absolutely.

CHAIRPERSON JOHNSON: DOHMH?

STEVEN NEWMARK: Absolutely. Absolutely. They would contact our office.

CHAIRPERSON JOHNSON: So, are there--is the Administration currently hiring for health-related positions in other city agencies?

STEVEN NEWMARK: In other city agencies?

CHAIRPERSON JOHNSON: Yeah.

STEVEN NEWMARK: I, honestly, I don't know the role of open positions at various city agencies. I don't know.

CHAIRPERSON JOHNSON: Because we have, the New York City Department of Aging is looking to hire a health care planning specialist to assist the Department in achieving a strategic goal of integrating health care initiatives and funding into existing and planned program activities. You don't know anything about this?

STEVEN NEWMARK: To be honest, very little. I know the idea generally behind it. It was brought to our office. It was something that we spoke about and agreed that it was--there was some--a good policy purpose behind the idea, and they went ahead and posted for the position.

CHAIRPERSON JOHNSON: And what's DOHMH's involvement in this?

STEVEN NEWMARK: I don't know specifically.

CHAIRPERSON JOHNSON: Doctor Barbot, are you involved in this initiative, this hiring?

OXIRIS BARBOT: We have a very good working relationship with all of the city agencies. I'm not specifically aware of this particularly position, but I will say that for example, we are partnering with NYCHA to hire a joint position who will be responsible for health issues, and so I think there are numerous examples of the way in which we partner with most of our city agencies.

CHAIRPERSON JOHNSON: I just want to understand, who's coordinating this with DFTA?

OXIRIS BARBOT: I'm not specifically aware of that particular situation.

CHAIRPERSON JOHNSON: Okay. Home Care Specialist Program, they're looking to hire folks. It's an HRA position. Do you know anything about this?

STEVEN NEWMARK: Again, just vaguely, but same answer I'd say.

CHAIRPERSON JOHNSON: The Office of Child and Family Health is seeking a Director of Nursing

and Nurse Practitioner to oversee day to day operations and a provision of medical services to children in pre-placement services in field office medical units with multiple sites and multiple boroughs. Do you know anything about this?

STEVEN NEWMARK: Same answer.

CHAIRPERSON JOHNSON: The Department of Homeless Services, Agency Medical Director, were you all involved in advising DHS and who this person is? Yeah?

OXIRIS BARBOT: Yes, we have been as a part of the work under Thrive NYC working with DHS, and so we've been collaborating with them.

CHAIRPERSON JOHNSON: In what way on this?

OXIRIS BARBOT: Helping to advise the scope of work that this person would help to oversee and the way in which we would collaborate.

CHAIRPERSON JOHNSON: So, I mean, I guess the point that I'm trying to make is that it's not really about you. I'm not blaming you. What I'm trying to make the point here is that you are working, Steve, and whoever the Deputy mayor is, on dozens if not hundreds if not thousands of competing things on a day to day basis, given if there's triage

going on on a major issue that blows up, if there's an awful incident that happens with ACS or if there's a shooting outside of a homeless shelter or if, you know, there are issues with the state funding and specific HRA program, that Deputy Mayor is involved, as they should be, working with the Mayor on that. The Health Department does incredible work. We have the best public health system in the United States of America because of this Health Department, and you and Doctor Barbot outlined that great work in your testimony. I don't think you should be coordinating everything. I'm not sure you should know about all of these jobs, but I don't want the Administration to overstate and claim that there is seamless or comprehensive coordination and planning going on because there's not, and I can sit here and give you, and I won't because we did it before outside of the committee hearing, I could sit here and give you example after example after example where there isn't good coordination going on on health planning. What we are trying to do here in the Council, there's no bad intent. We're not trying to strip you of your powers. We're not trying to neuter the Deputy Mayor. We're not attacking the Health Department. What

we're saying is there are better ways to do this. There are more comprehensive, thoughtful, strategic ways to do this, and that is through a specific office looking at these issues, and this office is going to be appointed by the Mayor. The Council's going to have no role in who takes this office, and I assume this office is going to work with the Deputy Mayor for Health and Human Services, but good Deputy Mayors come and go. Good First Deputy Health Commissioners come and go. Good Health Commissioners come and go, and we need an office that does this type of work. Now, if the Administration is taking a position that they're against creating offices because they're duplicative, why is there an office for Food Policy? DO you support keeping the Office of Food Policy? Or do you think that it should be wrapped up into your office?

STEVEN NEWMARK: Well, it is wrapped up into our office. It's--

CHAIRPERSON JOHNSON: [interposing] [cross-talk] But should we get rid of it? It should just be you and your office that do that work? Barbara Turk [sic] should not be there doing that work? It should be under you?

STEVEN NEWMARK: Uh--

CHAIRPERSON JOHNSON: [interposing] Or should we have a separate office that does that type of work, because we prioritize that it's important?

STEVEN NEWMARK: We--I think I'm misunderstanding the question, but let me attempt to answer. I would definitely say the Office of Food Policy or the Food Policy Coordinator plays an important role. It sets the agenda generally speaking for the Administration and the policy goals in terms of Food Pol--you know, what the Administration is going vis a vi food policy, directs agencies on food policy coordination, sets out rules, internal rules for the city and what they can take.

CHAIRPERSON JOHNSON: Sounds like it does good things.

STEVEN NEWMARK: Absolutely.

CHAIRPERSON JOHNSON: It sounds similar to what we're hoping this type of office would do.

STEVEN NEWMARK: Sounds different, to me, but never the less.

CHAIRPERSON JOHNSON: Doctor Barbot, do you know of any other municipalities that have similar health improvement planning Councils that

coordinate across multiple agencies in different municipalities?

OXIRIS BARBOT: I'm not sure I understand.

CHAIRPERSON JOHNSON: Do you know of any other municipalities, cities across the country who have not an exact model of what this legislation does, but a similar model depending on the municipality, depending on their set up of local government? Do you know of any other cities that--

OXIRIS BARBOT: [interposing] not that I'm aware of.

CHAIRPERSON JOHNSON: So, you used to be the Health Commissioner of Baltimore, right?

OXIRIS BARBOT: Right.

CHAIRPERSON JOHNSON: So, Baltimore has something called--and I'm not an expert on this, you probably have more expertise on this than I do. Baltimore has the Baltimore Health Improvement Planning Council. Were you involved in that when you were Health Commissioner?

OXIRIS BARBOT: You know what, I can honestly say, I was there from 2010 to 2014, and I don't know when that office was created. Was that

during the time I was there or after I left or before I got there?

CHAIRPERSON JOHNSON: You know, I honestly can't tell you. I know that it exists now. So maybe it was created. I'm told that it was there when you were there, but I'm not going to--I'm not going to claim that I know that for certain. The point I'm trying to make--

OXIRIS BARBOT: [interposing] And I could say no.

CHAIRPERSON JOHNSON: in the description for it, it says, "in order to improve coordination and collaboration between Baltimore's large and diverse group of health stakeholders, the BCHD formalized its relationship with them to the Health Improvement Planning Council. HIPC is Senior Advisory body to the BCHD, Baltimore Health Improvement Council, to address the city's most pressing health challenges."

OXIRIS BARBOT: So, actually I did create that, and what that is--

CHAIRPERSON JOHNSON: [interposing] Yes.

OXIRIS BARBOT: exactly what we have in the PHIP. So, that's no different.

CHAIRPERSON JOHNSON: Completely the same, nothing different?

OXIRIS BARBOT: Same, same as the PHIP.

CHAIRPERSON JOHNSON: Okay. Well, I'm glad you created it.

OXIRIS BARBOT: And I brought those ideas here.

CHAIRPERSON JOHNSON: Good. So, again, I can go through and name instances, and I won't, on where I think there has been a breakdown in coordination, but I think that's normal in many ways. I think that's government. I think that's multiple policy initiatives and things that come up and important things that the city's trying to achieve. So, I don't do that or I wouldn't do that from a place of blame, but I would say that from a planning perspective, and to ensure that depending on who resides in a particular position in city government, we have this office that can do this important work. I want to mention that we've been joined and we were joined a while ago by Council Member Arroyo. We're joined by Council Member Koo and we're joined by Council Member Barron. Council Member Van Bramer was here as well. Do any of our colleagues have any

questions on this? No? You have a comment? Okay. You can go ahead Council Member Barron.

COUNCIL MEMBER BARRON: Thank you, Mr. Chair, and thank you for coming to present your testimony, and I do want to say that I do appreciate the fact that the Department of Health and Mental Health is going to communities and involving stakeholders. You did come to East New York last week. We had a great turnout at the library and you did engage the residents there with their ideas as to what they thought would be the priorities, and you did indicate that you would bet getting back to us with the compilation of how they prioritize and that there would be a small grant that would be given to follow up on a particular priority. Can you give us more information about how that grant will be awarded and how the group will be selected, and what would be their objective?

OXIRIS BARBOT: So, the details of how that RFEI will be issued are still being worked out, but essentially creating a guideline so that longstanding community-based organizations that have strong reputations in their communities of bringing together diverse stakeholders will be given the

opportunity to apply and we will be utilizing funds that have been made available through the PHIP process to help support work over the course of a year or two. We're still working out the details of the exact amount, but that's the sort of general idea.

COUNCIL MEMBER BARRON: Thank you. Thank you, Mr. Chair.

CHAIRPERSON JOHNSON: Thank you. So, you both mentioned the PHIP. Excited about the PHIP. Happy it exists. It's doing good work. Once the funding for the PHIP is exhausted, does DOHMH anticipate continuing that project?

OXIRIS BARBOT: You know, two years is a ways away, but the way in which we have developed the planning and the infrastructure around this, our intent is to keep it going.

CHAIRPERSON JOHNSON: And that would be through city tax levy dollars funded by the Department?

OXIRIS BARBOT: To be determined.

CHAIRPERSON JOHNSON: And Steve, you mentioned DOHMH and Section 555 of the Charter, how

does DOHMH currently utilize its powers under Section 555 of the Charter?

STEVEN NEWMARK: Well, I think that they've annunciated a lot of the planning that they do, particularly with Take Care New York I think is a perfect example of the PHIP, would be a perfect example of what they do vis a vis strategic planning, long term planning for the health of New York City.

CHAIRPERSON JOHNSON: And with Take Care New York, if you could describe the next phases of Take Care New York, including community-based action planning, what is the Department intend in doing in Take Care New York on that?

OXIRIS BARBOT: So, phase two will begin in the early to mid-part of 2016 after we're done with the community consultations that Councilwoman Barron alluded to. Those we anticipate will be done by late February early March, and so phase two is the community action planning, and that's where we'll be issuing small grants for community-based organizations to take the initial prioritization that's done during phase one, engage communities in further narrowing which are the one or two priorities that they want to take on for action, and then work

with them to develop action plans, excuse me, utilizing evidence-based or evidence-producing interventions that can be implemented locally. The idea is that there's no, you know, one size fits all solution to improving health outcomes.

CHAIRPERSON JOHNSON: And how many community consultations will there be when that phase is done, have been done throughout the city?

OXIRIS BARBOT: So, the total that are planned are 28 and will cover all 59 community districts.

CHAIRPERSON JOHNSON: And where are you in the process? Like, when will that be complete? How many have been done so far?

OXIRIS BARBOT: Six.

CHAIRPERSON JOHNSON: Six.

OXIRIS BARBOT: So we're in the beginning.

CHAIRPERSON JOHNSON: And how has attendance been?

OXIRIS BARBOT: You know, it has ranged. We have had some consultations where it's been a handful of people to other consultations where we've had over 60 people, and I think, you know, the reality is that this process illustrates a couple of

things. One, that outreach is important and that institutions or organizational units that the Department has built over the last 10 years, like our district public health offices, are really important in doing outreach. Additionally, the partnerships that we have developed with community organizations are really important and help to bring folks out. So, it's been an iterative process and with each one we learn new and better ways in which we can improve the turnout. And so, our hope is that it'll just keep getting better.

CHAIRPERSON JOHNSON: And how do you plan outreach? Who does the outreach?

OXIRIS BARBOT: So, it's a colla--

CHAIRPERSON JOHNSON: [interposing] Who do you work with?

OXIRIS BARBOT: It's a collaborative process between our District Public Health Office, our Policy Planning and Strategic Data Use Units in collaboration with our Office of External Affairs. We and our partnership for Healthier New York, which are CBO's that we have worked with over the last five years all across the city. We reach out to Community Boards. We have had several Community Board managers

attend these consultations. We've done presentations at the Community Service Boards of the Borough Presidents. I personally did the one in the Bronx and the one in Queens. The Commissioner did the one in Brooklyn and Staten Island, and I think Doctor Maybank [sic] did the one in Manhattan. So, this has been an all-out effort with all aspects of our organization. We've also engaged our office of faith based initiatives to do outreach to faith based community as well. We've worked with partners in public housing. I mean, I could just go on and on.

CHAIRPERSON JOHNSON: I'm happy to hear that, because the one--and I'm glad it's not entirely representative of the other community consultations, but the one in Chelsea on 23rd Street close to where I live at the Muhlenberg Branch of the New York Public Library I think had seven people.

OXIRIS BARBOT: Yeah.

CHAIRPERSON JOHNSON: I felt bad, felt bad for Doctor Varma. You know, he had--he was there. He had seven people there. And so I was wondering sort of what outreach work was done in the lead up to this that only seven people, and I can tell you that every block in Chelsea has a Block Association. I mean,

and it's the largest population of LGBT people in the entire city, highest concentration. So, I was just wondering what type of work was done because turnout was very, very low.

OXIRIS BARBOT: Yeah, and it was disappointing, and honestly I think it was the--so far of the six that we've done, the one with the lowest attendance, and we were pleased that Assembly Member Gottfried was there and was able to spend time with us, but thankfully it hasn't been representative of the other consultations.

CHAIRPERSON JOHNSON: Good.

OXIRIS BARBOT: And Councilwoman Barron, the one that we had in East New York was a great one.

CHAIRPERSON JOHNSON: I want to go to Council Member Arroyo.

COUNCIL MEMBER ARROYO: Thank you, Mr. Chair. I said I wasn't going to ask questions, but Doctor Barbot--

OXIRIS BARBOT: Barbot.

COUNCIL MEMBER ARROYO: No "T" at the end, right? Oh, the "T" is silent.

OXIRIS BARBOT: "T" is silent unless you pronounce it in Spanish, entonces es Barbot.

COUNCIL MEMBER ARROYO: Good morning and thank you for your testimony. I think--I came in a little late, so I didn't get to hear all of the testimony provided by both of you. I didn't hear an outright, the legislation is an absolutely crazy idea from either one of you, right?

STEVEN NEWMARK: I never said that.

CHAIRPERSON JOHNSON: I don't think they like it.

COUNCIL MEMBER ARROYO: Well, and what I read is we look forward to continuing the work with the City Council, yada [sic], yada, yada. And the Department of Health in the testimony refers to the PHIP, the PHIP initiative, as like the thing that should be looked at for achieving the goals and the legislation that we're hearing today is seeking to achieve.

OXIRIS BARBOT: It's one of the things.

COUNCIL MEMBER ARROYO: One of the things. One of the things that given the composition of this steering committee and one of the ways that this initiative looks to coordinate efforts, when you look at the membership that's listed here, there's a gaping hole in lack of community health leaders or

organizations on that steering committee, and that to me, seems a problem, because we're talking about local on the ground coordination to ensure that we can provide as much access as possible in the community to our residents. It doesn't seem to me like the composition of this steering committee gets us there. This is too high. This is a 20,000 foot kind of view as far as I'm concerned, and you know, I can name a couple of entities that are listed here with the exception of the Health and Hospitals Corporation. There are no direct service providers on here. Everything else is 20,000 foot view of what happens on the ground level. So, that's a concern, and one that I think, Mr. Chairman, needs to be looked at. Certainly, there should be other entities involved in this steering committee as far as I'm concerned. If we're going to use this or reference this as a model for one of the initiatives or strategies that the Administration is using to help us coordinate care at the community level.

OXIRIS BARBOT: So, as I mentioned, it's one of the bodies that we have to help advise us and there ae other advisory bodies where we do have

direct service providers giving us input on these, but your point is well taken.

COUNCIL MEMBER ARROYO: And, you know, we had a hearing in my Community Development Committee last week where we were hearing one of the Chairman's legislative agendas items or one of the pieces of legislation he introduced around community gardening. You know, and I said then and I've said forever, you all work for the same Mayor. This ain't that difficult. It should not be that difficult, and when you have so many agencies--and the other thing that I saw lacking in the steering committee is, where are the other agencies that are providing care, or managing initiatives that are direct care driven? HRA, DHS, you both referenced them in your testimony, DFTA. So if we're going to use this as a model for one of the things that we're doing to coordinate care, this is missing a couple of pieces, very important pieces. So, whether it's DOH or DFTA or HRA or HHC, you all work for the same guy, and it should not be that difficult. Thank you, Mr. Chair.

CHAIRPERSON JOHNSON: Thank you, Council Member Arroyo. So, in the conversations related to, you know, working across agencies, working across

government, working with community-based organizations and other government partners, what role do you think the City Council plays in that?

STEVEN NEWMARK: City Council is absolutely a partner. We always look forward to partnering with the City Council. I just want to add to something that you brought up before. You spoke about a breakdown in coordination amongst city agencies, and to be clear, we would always, please advise us when you believe that there's a breakdown. If you see something, we're always looking for ways to improve the coordinating efforts. So, as soon as you bring something like that to our attention, the sooner we can remedy that. But absolutely, the Council is a partner in everything we do.

CHAIRPERSON JOHNSON: So, the Immigrant Health Taskforce, was the City Council a member of that taskforce, and--

STEVEN NEWMARK: [interposing] The City Council is a part. We have partnered with the City Council.

CHAIRPERSON JOHNSON: Were we a member of it? We were asked to participate in it from the beginning?

STEVEN NEWMARK: Well, as we--

CHAIRPERSON JOHNSON: [interposing] Across government we represent 51 districts who represent a lot of people. Were we asked to be part of it?

STEVEN NEWMARK: As I have personally said to you and I have personally apologized to you, the City Council was brought into that process late, but we are grateful for the work of the City Council in partnering with us to effectuate the recommendations brought forth by the taskforce.

CHAIRPERSON JOHNSON: Take Care New York, has the Council been briefed or advised on Take Care New York?

OXIRIS BARBOT: I think that we have shared information on some events, but I actually am not quite sure the last time that we provided you a detailed briefing. I think we as always are happy to brief you--

CHAIRPERSON JOHNSON: [interposing] I was never provided a detailed briefing. I don't know if other members were. I was invited to the press conference surrounding it, and I was invited to the event in Chelsea, but I was never provided a detailed briefing on it.

OXIRIS BARBOT: I think Doctor Bassett may have had it on one of her agendas with you, but I'm not sure if those meetings ever took place.

CHAIRPERSON JOHNSON: I know the meetings didn't take place for a whole host of reasons, but Doctor Bassett knows how to get a hold of me, and also she knows how to not get a hold of me, and I could give examples of that as well. If you want to reference what you just--Doctor Barbot, I know what you were just doing.

OXIRIS BARBOT: No, no, no. I'm--

CHAIRPERSON JOHNSON: [interposing] I know what you were just alluding to, so if you want to play that game, we can play that game right now. I don't know if you're advised to do that by staff.

OXIRIS BARBOT: No, no, I--my intention is to illustrate--

CHAIRPERSON JOHNSON: [interposing] No, no, I just know what you were just doing.

OXIRIS BARBOT: efforts that we have made to reach out and to brief.

CHAIRPERSON JOHNSON: I was asking about a plan that the Council has not been briefed on--

OXIRIS BARBOT: [interposing] We'd be happy--

CHAIRPERSON JOHNSON: [interposing] And I was given an answer that was an allusion to what another staff member said to me yesterday on the phone in a very disrespectful manner. So, if we want to go down that rabbit hole, I can start to name plenty of examples, which I have stayed away from in this hearing, and I've been very respectful and I have complimented the Health Department and the work you all do, but if you want to make allusions like that in a disrespectful way, I am happy to talk about many deficiencies I have seen and breakdowns I have seen.

OXIRIS BARBOT: Council Member, my apologies.

CHAIRPERSON JOHNSON: Thank you.

OXIRIS BARBOT: I've always been very gracious. I have always been very respectful of you. That was not my intention.

CHAIRPERSON JOHNSON: I know what you were alluding to, so I just know what you were doing.

OXIRIS BARBOT: My apologies.

CHAIRPERSON JOHNSON: Caring Neighborhoods, what do you see the Council's involvement in that?

STEVEN NEWMARK: The Caring Neighborhoods Program, we did a briefing with the Council. You mentioned it before how I was not present at that briefing. We're in the process now of identifying-- we have an RFP out through EDC to identify the community health clinics. You looking for an additional briefing?

CHAIRPERSON JOHNSON: No, I'm just asking are you working with individual Council Members to understand if their district are places where it would be a good fit for some of these centers.

STEVEN NEWMARK: We worked with the local communities specifically over 30 of the 40 FQHC's based in New York City. We've worked with CHCANYS. We worked with local lenders to FQHC's to help determine the neighborhoods. We did a data analysis that as I mentioned before that was done by CHCANYS that was supplemented by the Department of Health. We, and again, we did a briefing with the Council Members to illicit feedback from all that. As I

said, if you would like another briefing we certainly--

CHAIRPERSON JOHNSON: [interposing] No, I'm not looking for--what I'm trying to get at is I think that if you really see us as a partner, and I hope you do--

STEVEN NEWMARK: Absolutely.

CHAIRPERSON JOHNSON: that I think that when new initiatives are being created, whether it be the Direct Access Plan for Immigrants, which I'm excited about, whether it be Take Care New York, which I think is great, and Doctor Barbot mentioned all the community consultations and the information that's being gathered, whether it be Caring Neighborhoods, which I know EDC has a component of, and I met with folks at EDC that are working on that through your office. I would appreciate having that meeting. Whether it be HHC and the Once City PPS and the FQHC's related to Gotham Health, whether it be the Health Hubs that DOHMH is working on, any of those things, I think that it would be helpful to include the Council at the beginning of that and to hear our input.

STEVEN NEWMARK: Point taken.

CHAIRPERSON JOHNSON: So, I mean, what I don't think is always most helpful is if we get invited to a press conference to announce it, and can you give us a quote 48 hours before for the press conference. That's not giving us the real opportunity to weigh in and have a meaningful role with you all, and so I think real collaboration is us being able to do that together, and the Council can do a better job of it. We could have done a better job for this hearing in working with you all and then working with you all from the very beginning. So, I know that it's a street that runs both ways. I know that we have shared responsibility in that manner, and I take responsibility for when there have been deficiencies on my end in not communicating legislative or budgetary priorities that matter to this Council with the Health Department in a fully informed important way. I think our goals are similar, and I think that we have similar values, and I think that in the past we've worked well together when we've tried to work well together, but I do not want good things that you all are doing on all the things I just listed, which I support, they're all good things, and good things that I'm trying to do

through this legislation where the intention is good, for us not to communicate in a way that actually portends itself to us achieving the good things we're trying to achieve, and that's the point I'm trying to make. And that's what I think the point behind this legislation is. It's about communicating clearly, having clear lines of responsibility across city agencies. It's not an indictment on this current Administration. It's not an indictment on the historic district. It's not an indictment on Commissioner Bassett. It's not an indictment on the former Deputy Mayor. It's not an indictment on you. It's saying that--and I think you're going to hear it today where I think this Administration has said in the past, they really care about what local communities say. They care about local feedback. They care about local stakeholders. I think you have dozens of people here today that are going to be testifying in support of this legislation. They're not testifying in support of it because I asked them to. Many of them brought it to me and it was their idea. So, they're the ones that have pointed out these deficiencies to me, and I think if we want to listen to the health care advocacy community, folks

that have been doing this type of work for decades, I hope that you all will stay and listen to their testimony.

STEVEN NEWMARK: Of course, we look forward to it.

CHAIRPERSON JOHNSON: Okay. Any other quest--oh, we've been--yes. We've been joined by Council Member Espinal. Council Member Eugene was here, and I will turn it over to Council Member Koo.

COUNCIL MEMBER KOO: Thank you, Mr. Chair. Doctor Barbot and Steve, welcome to this committee. My question to you is you have mentioned a lot of initiatives under direction [sic], but most of it I never heard of. And so I wonder in the future that our council district know about this, because health care is really important and we spend the most money on health care in the city budget, so we want to make sure that this is spent wisely, and on other times, I find out the city agencies, the left hand doesn't know what the right hand's doing, because there's a lot of duplication, a lot of fault [sic], a lot of misuse of money. So, can you give me some examples that you are doing, some initiative you are doing in our area, in Flushing area?

STEVEN NEWMARK: I just want to--before we go to specifics initiatives in Flushing, I just want to say in response to both Council Member Koo and Council Member Johnson's last comments, you know, in the spirit of both of your comments I will say from the Administration we will recommit ourselves from this day forward to of course be more open in the lines of communication more so and speak more proactively. We hope you'll do the same, of course, in that spirit, and we look--and in fact, we look forward to that collaboration, and I'll turn it over to Doctor Barbot to speak specifically about Flushing.

OXIRIS BARBOT: So, I want to echo those sentiments as well. So currently, with regards to Take Care New York, I did a presentation at the Borough President's Service Council Meeting. We are going through a series of de-briefings with local elected officials before we do the initial Take Care New York consultation. Honestly, I can't remember the date that we'll be in your community, but we will most definitely de-brief you on the full extent of TCNY, and then typically what we do is we bring the community health profiles for the districts that you

represent so that you have all of the information that we will be presenting at the consultations.

COUNCIL MEMBER KOO: I want to know something specifically on the mental health issues. We will find out [sic] now, all these terrorists events and a lot of lately in the news happenings related to the mental health status of these terrorists, so are we as a city doing anything, put real money on the issues, or are we just talking about it?

OXIRIS BARBOT: So, what I will say is that under the First Lady's leadership, we have developed Thrive NYC that looks at providing access to comprehensive mental health services that range across the age groups and that target different parts of the city. So, we take and we have always taken mental health issues and access to services very importantly. I will say that one of the things that has been coming out so far in the consultations that we've done, and Doctor Belkin and his outreach to different communities had this same feedback, many New Yorkers prioritize access to mental health services as one of their top concerns, and we take that seriously, and part of the planning that we're

putting in place is to help address those issues in a multicultural way, in a way that's sensitive to cultural needs.

COUNCIL MEMBER KOO: Okay, thank you.

CHAIRPERSON JOHNSON: I want to thank you for being here. Thank you for your testimony. I would like for us to work together on, and maybe you're already doing this as part of the PHIP, but I think the First Lady has done an unbelievable job on Thrive NYC and looking at it holistically and comprehensively, and she spent I know a significant amount of time working with your agency and with stakeholders in crafting it, and I think it's going to do an enormous amount of good. I think we need a Thrive NYC type of program for primary care. There isn't enough primary care throughout New York City, especially in low income neighborhoods, especially in communities of color, especially where we've identified health deserts and while I know the Hub Program is looking to expand health access, we need some type of initiative in the same way on that.

OXIRIS BARBOT: We'd be happy to work with you on that.

CHAIRPERSON JOHNSON: Great. And I want to just finish with this, I want to de-personalize this. This isn't about this Health Department. This isn't about Doctor Bassett. It's not about you, Doctor Barbot. It's not about Steven Newmark. It's not about Lilliam Barrios-Paoli. It's not about Bill de Blasio. This is about sustained comprehensive health planning regardless of whoever the individual is in that position. This is not an indictment on your current work. As I said, there are all these things that I can improve on and you can improve on. There is good intent behind this. This is not about curtailing your powers. This is not about taking away authority. We've specifically crafted it so that you all will pick who's in this office and who it reports to. I'm committed to passing this legislation, which means I think I'll pass it. So, if I'm going to pass it, I want to work with you all. And so I don't want to hear, "We just don't support it. Sorry, don't pass it." I want to hear, "Well, here are some things you could do to improve it." And so, that's me being honest with you. That's me telling you I want to engage with you in a meaningful way throughout the legislative process from this

hearing until we get towards adoption. I'm going to talk to my colleagues and I'm going to talk to advocates about this, but I'm grateful for you being here today. I look forward to working together, and thank you for all of your hard work. Oh, sorry, Council Member Barron, I apologize. I know you have a question. I'm sorry.

COUNCIL MEMBER BARRON: I thank you, Mr. Chair. In your plan you talk about stage two, the Community Action Plan, you talked about in your testimony, and we know that the disproportionate health outcomes that we see are directly related to the economic levels of the residents in those particular areas. So, I represent a low income area, the median income is about 33,000 dollars, and we have very high rates of asthma, obesity, infant mortality which should not exist in this high industry, high technological industrial nation, and I want to know, after the two years of Community Action and Community Planning, what can we expect to see in hard results as improvements in those indicators, which at this point are so disparate from what other economic areas have?

OXIRIS BARBOT: That's a really important question, and part of what we emphasize in the consultations that we do through TCNY is that improving health outcomes in communities isn't just about what the public Health Department can do. It's not even about what the health care delivery system can do, because the reality is that research shows us that 80 percent of the health outcomes that we get are attributable to where we live, work, learn, and play, and includes individuals' economic status. So, in order to make these sustainable changes, it's going to require not just the Health Department partnering with communities, but us bringing our sister agencies with us, and so we're committed to doing that under OneNYC. I think it illus--it was the first time ever that health was incorporated into a sustainability document. I think that we are committed to ensuring that all neighborhoods in this city have the equal opportunity to have good health outcomes and that we can, you know, reach that goal of being a more just and equitable city, and so I think your point is very important to emphasize the fact that this is going to have to be a multi-sectoral initiative.

COUNCIL MEMBER BARRON: And in your list of items that you had, the interactive part where you asked residents to prioritize, there was one that I thought was missing and of course I added it where it said other, and I made it my number one priority, and that was jobs, because if people don't have an income they're going to get the most convenient, the cheapest, not necessarily the healthiest food items that they can get, and they're in communities that are not well-serviced in terms of the food choices that exist. So, I think that the economics is integrally related to health, integrally related, and I think that that needs to be a part of what this plan looks at. How can we bring jobs to these communities so that the residents will have the opportunity to purchase healthier food which we know costs more than what they get at the fast food places? So, I think that economics plays a critical role to this and we've got to look at how we can relate, increasing the job opportunities and job availability so that we can increase the health.

OXIRIS BARBOT: Absolutely.

COUNCIL MEMBER BARRON: Thank you, Mr. Chair.

CHAIRPERSON JOHNSON: Thank you, Steve Newmark. Thank you, Doctor Barbot for being here. I appreciate it. I look forward to working together.

STEVEN NEWMARK: Thank you.

CHAIRPERSON JOHNSON: Thank you. I want to call up the first panel, Judy Wessler, Debra Lasane, Leonard Rodberg, and Robert Padgug. So, I just want to let you all know who are coming up for this panel that we're going to put people on a three minute clock, and the reason why we're going to do that is because there are a lot of people that want to--there's a lot of people that want to testify and there's a lot of people that need to testify early or they have to leave, and we won't hear their testimony. So, if you could try to get through as much of your testimony in three minutes as possible that would be really helpful. So, you may start in whatever order you'd like. Please just identify yourself for the record. Speak close up into the mic and make sure that the red light is on.

JUDY WESSLER: Good morning. My name is Judy Wessler. I am the retired Director of the Commission on the Public's Health System, and I am speaking from 40 years' history of public health

advocacy and working with communities, and I sat here and was getting pains, some angst listening to the back and forth. For example, it's wonderful that the Health Department is going out and consulting with communities. The same thing happened right before the Freedan [sp?] Administration, the Health Commissioner. There was a project called Turning Point where the Health Department staff went out with communities and spent a lot of time getting wonderful feedback and setting up priorities. The new Administration was elected. I think that was Bloomberg, and--I get confused about who's what, and Doctor Freedan said I'm not interested and absolutely threw the whole thing out. So, the point about having an office that, you know, that would be able to continue to work on this and coordinate it and not allow that kind of problem, I think it's a really important one. I spent many years in health planning. There were three versions. There was the Mayor's Office of Taskforce on Health Planning. There was the Comprehensive Health Planning Agency, and there was the Health Systems Agency, and I was a member of the Local District Board in your district, Councilman Johnson, and representative to the Central

Board and the Executive Committee of that agency, and there were plenty of bad things that happened, but there were also very important good things that happened. And what I heard earlier was a sort of somewhat of a hit or miss where there are people are involved, and doing consultations is very different than having involvement and ongoing involvement. You can come and talk to me one day and then ignore what I said the next day and not have to come back to me and talk to me, and so I think that, you know, doing it that way is a problem. There was an effort by--I know my time's going to run out. There was an effort by the City Council, I believe in the 90's, it was Council Member Enoch Williams was the Chair of the Health Committee and there was Community Health Planning Legislation proposed. It was pretty exciting. A lot of us worked on it. Unfortunately, the Greater New York Hospital Association decided they didn't like the idea. What's happening now is--what's going on is really important, but it's ignoring some very important things, and then I'll promise to summarize. The health care system is consolidating. It's becoming big, and you know, the feeling of like the banks, too big to fail is

starting to happen, and it's very problematic and very scary in communities. There is no good oversight of that. There is no ability to really have a say. There are the DYSRIP [sic], the Federal Medicaid Waiver, and the PPS's, and there are some-- there's some community involvement in that, and Deborah can talk more about that than I can. But there's going to be like eight billion dollars going into the health system.

CHAIRPERSON JOHNSON: Judy I'm going to come back to you for questions.

JUDY WESSLER: Okay.

CHAIRPERSON JOHNSON: So you'll have the opportunity.

JUDY WESSLER: I have to go, so--

CHAIRPERSON JOHNSON: Okay.

JUDY WESSLER: Thank you very much. Thank you. Deborah?

JUDY WESSLER: Oh, I took her glasses.

CHAIRPERSON JOHNSON: Oh, that's collaboration.

DEBRA LASANE: Good morning. My name is Debra Lasane. Thank you for this opportunity to speak with you this morning. I'm here in support of

this legislation, because I believe that it is so important to have community engagement and community involvement in health planning and the coordination of health services in New York City, so that's why I'm here this morning. I am the Director of Programs at the Caribbean Women's Health Association; however, I am here today because some years ago I worked at the Health Systems Agency of New York City, or HSA as we called it. The Health Systems Agency of New York City was a Health Planning Organization mandated by federal legislation. The New York City HSA was operational between 1976 and 1996. The HSA included an organizational structure that allowed for extensive community participation at every level. Initially there were 33 local district boards, which were actively involved in all HSA planning activities. Later, due to funding cuts, these district boards were consolidated into one board per borough. However, consumers remained highly engaged throughout the five boroughs of New York City throughout this 20 years of community planning. The work of the New York City HSA was guided by the Health Systems Plan, which was a plan that was revised and updated every five years, and the annual

implementation plan which was updated annually. The Health Systems Plan provided a demographic analysis of the health status of New Yorkers by community, including a thorough analysis of what we are now calling the social determinates of health. These data analyses were used to develop goals and objectives designed to improve the health status of New York City residents and strategies to improve the efficiency of the health care delivery system. I won't talk in detail, but these were plans that were developed. They were updated annually and as I mentioned before, there was extensive community engagement, community participation in all that the HSA did. The Health Systems Agency was also responsible for the local review of every certificate of need application that was submitted by New York City provider. I'm talking about all hospitals, nursing homes, diagnostic and treatment centers and mental health providers. This review process included analysis by the HSA staff and review by borough-specific project review committees which always included strong consumer representation. The New York State Hospital Review and Planning Council and the New York State Department of Health relied on

and respected the New York City HSA project review recommendations. I must say that during my time at the HSA there was a very collaborative working relationship between the HSA, the New York State Department of Health and the New York City Department of Health. This collaborative relationship allowed for the dissemination of important health system information from the New York State Department of Health and the New York City Department of Health to the neighborhoods of New York City via the HSA community representation. Again, I strongly support this legislation. I strongly support health planning for New York City, and I strongly support the inclusion of community participation and community engagement in every aspect of health planning. Thank you.

CHAIRPERSON JOHNSON: Thank you, Debra. We've been joined by Council Member Cornegy. Before we go on, sir, I just want to ask you a question about the HSA. The HSA, as you mentioned in your testimony ceased to exist in New York City in 1996.

DEBRA LASANE: Yes.

CHAIRPERSON JOHNSON: That wasn't because we didn't think it was effective.

DEBRA LASANE: No, it was because--

CHAIRPERSON JOHNSON: [interposing] That was because of Governor George Pataki.

DEBRA LASANE: Yes. Well, there were two things. The federal support, federal budget support ceased.

CHAIRPERSON JOHNSON: Yes.

DEBRA LASANE: And it was taken up by the State Department of Health, and then I would say there was pressure put on the state by big hospitals.

CHAIRPERSON JOHNSON: But it was not--I just want to put--this was not because we didn't think it wasn't working.

JUDY WESSLER: absolutely, and it was because the HSA did the right thing in saying that not every hospital could do a very complicated surgery, and they did a process of determining which ones should be able to do that, which is very appropriate in health planning and should be being done now and is not, and because of that some big guys went after the HSA and convinced Pataki to close it down.

CHAIRPERSON JOHNSON: Though in 1994 you had the Gingrich Revolution where the Republicans

took over Congress, and in 1994 you had Governor Cuomo lose and Governor Pataki come in and make some changes, so again, it was not because it wasn't working, okay? I want to move on to the next witness.

DEBRA LASANE: Thank you.

LEONARD RODBERG: Thank you. I'm Leonard Rodberg. I'm a professor and Chair of Urban Studies at Queens College of the City University of New York. I will shorten my testimony because of the time limit here. I run the info-share, excuse me, community data system, Infoshare.org, which for 25 years has been providing health care professionals and community advocates with comprehensive health and population data on the neighborhoods of New York City. I'm about to retire and I would be happy to have this task taken over by the new office that your legislation will create. For many years I've been using this data to show the strong correlation between the prevalence of poverty in the neighborhoods of our city and a variety of health conditions, including asthma, measles, teen birth, low birth weight babies, and death rates. Clearly the disparities in health status and health care

access in this city call for urgent action. I strongly support Intro 973 to create an Office of Comprehensive Community Health Planning. The people of New York today have little or no voice in what health care services are made available to them. The state through its funding and regulatory authority and the private boards of hospitals and provider groups have dominant control over the shape of services offered in our city. Neither is the city government or its residents have significant influence over these state or private actions. What is lacking is a process that will enable the residents of this city to connect the needs of our communities to the services that they need. Without that essential information, we and our city government are powerless to influence the provision of these essential services. In the past, as Judy and Debra described, there were efforts at community planning and advocacy, but today there is no agency capable of providing an overview of the health services available in this city, or helping either city government or its residents to advocate for their healthcare needs. The need for such an agency is especially clear in this period when because of

the Affordable Care Act, changes taking place in the Medicaid program and the restructuring of the health care industry itself, transformations are taking place that demand the involvement of the communities that will be affected by them. Now, I would especially note that if the planning process to be affective, the people of this city must be able to express their needs as part of the planning process. This legislation provides for this in part, both through the involvement of the Borough Presidents or their designees on the interagency council, and through the direct contact of advocates with the planning office provided for in this legislation. Frankly, I believe this needs strengthening in this Intro to make this really work effectively. There also has to be adequate funding for this planning office. The funding needs to be sufficient so that the data and analysis can be comprehensive and solidly researched. I also want to express my support for Intro 974 that will create a detailed map of the health facilities of this city along with comprehensive data on the health status of our city's people. Through my work over many years with community health advocates who have used the info-

share system, I know how important it is to citizen advocacy to have neighborhood-level data available to our citizens in easy to use form. Such a map with its underlying database will be a valuable tool for citizen empowerment. Again, I strongly support Intro 973 and 974. Thank you.

CHAIRPERSON JOHNSON: Thank you, Mr. Rodberg.

ROBERT PADGUG: Good morning. My name is Robert Padgug. I teach public health at Brooklyn College. Today, I'm testifying on behalf of Rekindling Reform, an organization that has worked for nearly 20 years on the issues of health system reform, health insurance and health policy education. Rekindling Reform is a project created to assist the New York region in achieving quality affordable and accessible health care and health insurance for all by stimulating informed public discussion and advocacy and working with others within a strong public health framework. I'll try to cut some of this. Over the years our work has led us to the recognition that an essential element for improving the health system has been missing, that is the comprehensive collection of true population-based

data by neighborhood and region including community health status, health service gaps, changes in the health service--in the health provider system, changing rates of health insurance coverage, and the impact of non-health related sectors on the health of the population among other elements that support health needs assessment and community planning. We've equally been concerned that major changes have been occurring in the local health care system in the absence of usable data to support or justify them. This was especially true for hospitals, in particular in poor and underserved areas whose future was being decided mainly on the basis of institutional financial ability rather than community need. in order to understand these issues more adequately, RR convened a public consultation in November of 2014 in which dozens of participants from community-based groups, city health and other Department, the advocacy community and academic departments of public health and related fields took part. The conclusions that most of the participants in the consultation agreed to include the following. One, planning on the basis of true community need requires data and analysis of health status, health needs, health

accessibility and service gaps in order to improve the health system itself, access for that system, and the health of the wider community as well as to support and extend the capacity of safety-net institutions. Two, New York City lacks comprehensive public health planning capabilities, although the Department of Health and Mental Hygiene has done a marvelous job in many of the areas within its purview. New York State which can and should do this has to a large degree abandoned it. Instead, the state has inadvertently or not implemented what is in effect market based planning that assumes, for example, that the city is over-betted and that hospitals in poor financial shape are by definition inefficient, and that there will be no ill effects on communities of hospitals, shrinkage or closing. There may, in fact, be too many hospital beds in our region, but we really don't know where the extra beds are and how they relate to the provision of care and the need for care in any particular community. Three current efforts and individual hospital planning under the federal accountable--under the federal account--

CHAIRPERSON JOHNSON: It's so loud.

ROBERT PADGOG: Yeah. Under the Federal Accountable Care Act through Medicare Accountable Care organizations or through the State Medicaid DSRIP Program cannot provide the missing processes except in an uncoordinated incomplete and confusing manner. Fourth, inadequate system providing appropriate data and analysis for program planners and advocates must assess the health care needs of every city community and have the city as a whole enable the identification of excess resources and resource gaps, distribute resources more equitably and rationally, focus in particularly on the needs of poor and underserved neighborhoods and community, and decide how resources are to be distributed between hospital inpatient and community based care. This can only be done with substantial input from organization induvial actually living and working with in the very varied communities of the city. the two bills that are the subject of today's hearing would clearly provide for the gathering of appropriate data in an efficient and usable manner to serve as the basis for adequate health planning and analysis and would bring the full power of New York City and its constituent communities to bear on the

creation of a more effective and equitable health system along the lines I have just outlined. Rekindling Reform therefore fully supports both bills and encourages the Council to pass them as soon as possible.

CHAIRPERSON JOHNSON: Thank you. Thank you very much for being here. I wanted to ask you all, the two HSA's that still exist in New York State for Finger Lakes in Central New York, can you talk a little bit about their effectiveness and the work they've been able to do?

JUDY WESSLER: Finger Lake, the other one is not so effective, but Finger Lakes has continued. They've been able to raise money for many different sources, including a huge federal grant. They have involved communities. They've done a lot of local planning and working with--and they have a much more rational health care system. They became the very big part of the PPS in that part of the state because they were already there and able to do that. I just--if I may just add one--

CHAIRPERSON JOHNSON: [interposing] Go ahead, Judy.

JUDY WESSLER: Councilman? First of all, I think that what the City Health Department is doing is spectacular. The profiles that they've done of communities and the other work is uncomparable [sic], incomparable, whatever the word is, and I want to, you know, put that on the record. Talking about the PHIP, the Public Health whatever, PHIP, I was involved in the very beginning of that effort and had to fight to get any community involvement on that, and from what I see of their steering committee, it's still that way so that, you know, it's counting on them to be a major component in figuring out, you know, what should happen and how to do things in neighborhoods. I think it's a very sorry effort, and you know, should not deflect interest in passing these bills.

CHAIRPERSON JOHNSON: Great.

ROBERT PADGUG: The Finger Lakes system had some advantages we don't have here in its original basis in Rochester. It had the support of industry of--there were three major employers only involved. It had the support of the hospitals. There were only four major hospitals at that time, and it has the support of the political and other

communities. The bills we're discussing today would in fact enable us to produce something like that here in a much more complicated and diverse city, and so the Finger Lakes experience, while not exactly pertinent to New York City directly, does show us the way to go.

CHAIRPERSON JOHNSON: Thank you. Thank you all for your testimony, for being here today. Thank you very much. Oh, Council Member Barron, I apologize. I didn't see it on the paper. I apologize, Inez. It's not purposeful.

COUNCIL MEMBER BARRON: I'm sure it's not.

CHAIRPERSON JOHNSON: Not at all.

COUNCIL MEMBER BARRON: Thank you, Mr. Chair.

COUNCIL MEMBER BARRON: Not at all.

COUNCIL MEMBER BARRON: I want to--I just want to acknowledge that we have some CUNY personnel here on the staff test--on the panel testifying. I want to thank them for coming and acknowledge the work also that's been done on the ground level. And I just have one question. Doctor Rodberg, in your testimony you referenced something that I mentioned to the first panel, and it says, "I've been using

this data to show the strong correlation between the prevalence of poverty in the neighborhoods of our city and the variety of health conditions including asthma, measles, teen births, low birth weight babies, and death rates." So, I just wanted to know if you briefly want to have any further comments on that correlation.

LEONARD RODBERG: Well--

COUNCIL MEMBER BARRON: [interposing] Your mic, please. Push the button.

LEONARD RODBERG: Sorry.

COUNCIL MEMBER BARRON: Thank you.

LEONARD RODBERG: I use--one of the things that you can do that's most spectacular really is to show a map of poverty, which is what I do and what I've done in a lot of talks around this city and elsewhere, show a map of poverty by zip code in this city and overlay it then with these other measures and you see it's the same map. I appreciate your comment earlier about needing jobs, but that's going to take a while. In the meantime we can improve the health conditions of the people who live in those neighborhoods and don't have decent jobs or the background to be able to get decent jobs. We can

improve the conditions in which they live and the health care that they have access to, and that's the moral that--I use this in the health policy courses I teach, because it shows where we need to really work seriously in this city and nationally.

COUNCIL MEMBER BARRON: Thank you. Thank you, Mr. Chair.

CHAIRPERSON JOHNSON: Thank you. I apologize again.

COUNCIL MEMBER BARRON: No problem.

CHAIRPERSON JOHNSON: Thank you all very much for being here today. The next panel is Doctor Matthews Hurley, Leon Bell and Anne Goldman. And we have with us Council Member Cornegy and Council Member Mendez are here as well. You may begin in whatever order you'd like, just make sure that the red light is on on the mic and make sure to introduce yourself for the record.

LEON BELL: Good morning. Thank you. My name is Leon Bell. I'm with the New York State Nurses Association, and on behalf of the 37,000 members, 20,000 in the City of New York members of our union, we're here today to testify and indicate our strong support for the passage of both Intro 973

and 974. I have the testimony which is being handed out. I'm not going to read from it in the interest of time. I do want to make two or three points and deviate a little bit from the script and make two or three points. I think--the first point for us is that the--I think the testimony of the City earlier today I think ws very indicative, and I share your--the opinion that was expressed from the Council that this is not an attack or a criticism of the city's efforts. We also strongly support a lot of the good work that they do, but this is an effort to improve that work and to do it on a comprehensive systematic basis, and I think pretty much everything that they testified to this morning shows the need for this legislation, because all of these good programs, all of this good work, it's essential being carried out in sort of a piece meal faction--fashion. There is not a coordination, you know, a lot of coordination between agencies. There's actually really it seems very little coordination with the actual private sector providers that are, you know, that are providing 99, 95, whatever percent of the actual health care in the city, and I think it just shows that there's a glaring need for this legislation.

The second point I want to sort of focus on a little bit is the decision-making process. When we look at our health care system, and again, this is beyond the city and its agencies, looking at the actual private corporate, nonprofit and for-profit providers that are out there actually providing the bulk of the care at, you know, very high levels of government support, tax payer support, these private entities, their boards convene. They make decisions behind closed doors about closing hospitals entirely, about reducing services, about cutting programs, about relocating services from one neighborhood to another. They make decisions about the quality of services, the procedures and the policies that are going to be used in terms of providing services to the community, and this is all done behind closed doors, and once that decision behind closed doors is made, they then send off a letter to the State of New York, the Department of Health, and they say, "We'd like your approval for this." And in most cases, that approval comes again through a closed process in which there's no community involvement. We don't even know about it until it's announced. In some cases they may have to go through what's known as a certificate of need

process, but that itself is something that occurs on very short notice. The hearings are often in upstate areas that impact local facilities. You get a weeks' or so notice of these hearings. I'll wrap up in a minute. And they, you know, they get a letter back and then it's announced to the public that, you know, maternal child health at hospital "x" is closed or it's being relocated from one borough to another without any opportunity or input for comment from people that are affected by these decisions. And then finally, I think the other issue for us is that there's no--the need for planning goes beyond just identifying needs, although that's a key component, but it also goes to engaging on a systematic basis. The bulk of the healthcare that's provided by the private actors out there. The state has primary jurisdiction over this, but the city should be asserting its own independent policies and planning as a counterweight to what these private actors and what the State Department of Health is sort of imposing as its policy. An example of that in the testimony was the PHIP issue, which is essentially a state program that has--that was implemented in support of state policies, and what should be

happening in that PHIP is that the city should be confronting the state and saying, "Here's where we agree with you. Here's where our plan is different, and we would like to change, you know, the priorities and the emphasis." So, and then just to wrap up, I think in terms of the problems in our health care system and the issue of the failure to engage the actual providers in a meaningful way with a city policy and plan, there was--I distributed this item from the Queens Health Pulse on November 30th. I have two items from that, that same publication on that day. The first item was, "NYU Langone's [sic] bulging bottom line." And then the second item was, "New York City Health and Hospitals heavy first quarter losses." And we're talking about a scenario where what distinguishes these two hospitals is why does one have bulging coffers and the other's on the verge of, you know, financial catastrophe? Because NYU Langone does almost very little or almost no charity, uninsured or Medicaid patient coverage, and HHC is 75 to 80 percent uninsured and Medicaid patient coverage. And I think this is the classic example of what this bill will help us to address at a comprehensive level at the city, which is to go to

these providers and say, "Look, what does NYU or its ilk going to do to share some of the burden in addressing our needs so that they're not being dumped on the city and the tax payers through HHC."

CHAIRPERSON JOHNSON: The tale of two hospitals.

LEON BELL: Tale of two hospitals.

CHAIRPERSON JOHNSON: Yes, tale of two hospital systems, yeah. Anne?

ANNE GOLDMAN: Hi, good morning. Anne Goldman, and I'm from the United Federation of Teachers, but I am here today as the representative and Vice President of the division representing the public health nurses, hospital nurses, charter schools and others. I have served in a variety of capaci--roles as a health care professional in the community and the art of being able to fashion a meaningful outreach to people depends on understanding culture, the demographics. The zip codes you live in, we all know, determines your life expectancy. Shame on us. We're a better city than that. If in fact we think our system is seamless, I have sat for countless hours with several degrees in navigating this system. It isn't a health care

system, folks. It's an illness care system. You try and get health when you are well. We must do better than this, and the only way we can succeed is by modeling best practices, and those practices have to include partners in the community who value and understand our critical work. If we translate the most complicated medical message, and it is not in a way that can be received in our respective communities, we fail. Simply, breast cancer exams save lives. Non-compliance, Latino and women of color. What we do makes a difference. How do we message? We give a Mother's Day gift from a child to their aunt or mother that says I love you, and we put the van in there. This kind of social determinate matters. In our town, even when we deal with diabetes and asthma we have children each day in the schools failing to be served. The system is not accessible. We must strengthen the support in the schools, which is the public health arena in which our city is judged. We must help parents and children have a safe place as they transition from childhood to adolescence. As they learn their sexuality, their gender, as they learn who they are we must do that much sooner rather than later when

they're in an emergency room. We must help them with the due support, the respect and dignity, and we can't do it once in a while. We don't have a do-over button. The advocacy, the complication as if the system was there easy to navigate? Nonsense. Look how many of us it takes to interpret the rules, the regs and how we get help. My goodness. And we're making believe this is able for lay people. It is not. We applaud the creation of this office. It is an essential to help us fashion a seamless navigation through complicated organizations who save an awful lot of money when we fail, and that is sad. In our community we should succeed by achieving health, by achieving wellness, by not having prenatal problems, by not having children who have no one to speak up for them, just lost in our system, and we can't do that unless we have this kind of talent. And we support this effort. We offer our resources. And I thank you very much for the opportunity to be heard.

CHAIRPERSON JOHNSON: Thank you very much, Anne. Thanks for being here. Doctor Hurley?

MATTHEWS HURLEY: Good afternoon. Good afternoon.

CHAIRPERSON JOHNSON: Make sure the mic's on.

MATTHEWS HURLEY: Good afternoon, Chairman Johnson and other members of the Health Committee. I'm Doctor Matthews Hurley. I'm First Vice President of Doctors Council, which represents thousands of doctors in the metropolitan area, including in every NYC Health and Hospitals facility, the New York City Department of Health and Mental Hygiene Correctional Facilities including Rikers Island and other New York agencies. Thank you for the opportunity for testifying. Doctors Council is here today in complete support of Intro 973A and 74. We echo what our colleagues that have already stated at this table. Since Doctors Council was founded we have always emphasized that we are strongest when we stand with and for our patients and are working to meet the broad range of needs and impacts of their health. The delivery of quality care to New Yorkers especially in underserved communities requires input and meaningful engagement of the best experts and resources that we have, the patients and their families as well as the doctors and other health care delivery team members who are on the front lines.

Communities across New York City are experiencing a rapid shift in medical--a shifting medical landscape. For example, recent hospital closures and consolidations. Moreover, the complexity and rapid pace of DSRIP implementation poses challenges to providers, advocates and governmental officials. The involvement of the community, local stakeholders, medical providers provides transparency and what can sometimes be a daunting system and go a long way to increasing health care access. We believe that comprehensive community health planning that looks at everything from coordination of services to cultural competency to funding and more can help remove barriers to disparities in health care especially in low income, medically underserved, immigrant and communities of color. Front line medical doctors are eager to be a part of the community health planning process. Doctors Council has made great strides in front line medical workers' engagement in the NYC Health and Hospitals System, and we hope to continue that trend. We are pleased to see that Intro 973 includes attending physicians and dentists. In including us, we can enable the knowledge and experience of thousands of clinicians and problem-

solving efforts to improve the clinical quality, safety, patient experience in efficiency for the people of color. In fact, we had a white paper produced by Doctors Council in 2014 entitled, "Putting Patients First through Doctor, Patient and Community Engagement," echoes these very sentiments, and the Office of Comprehensive Community Health Planning is a significant undertaking. We hope that the creation of the office will be backed by the financial resources necessary to ensure its success and sustainability.

CHAIRPERSON JOHNSON: I thank you, Doctor Hurley. The white paper that you mentioned, "Putting Patients First through Doctor, Patient and Community Engagement" was an incredibly well done white paper that Doctors Council did. It was very thoughtful. I know it took a lot of time, and we on the Health Committee and myself as Chair have used that white paper to help guide us as we look at this complicated system. So I'm really grateful to you and Doctor Protia [sp?] and Kevin for your hard work on that. I want to thank Anne and the UFT and Leon and NYSNA for your advocacy here today, not just for your members, but you're really advocating for people that are even

outside of your union, low income communities and folks that really need a coordination of health planning in a comprehensive way throughout our city, and we look forward upon--we look forward to calling upon you as this moves through the legislative process for more guidance and expertise on the legislation. So, thank you all very, very much. Thank you.

LEON BELL: Thank you.

CHAIRPERSON JOHNSON: Thank you. I want to call up our next panel, Anthony Feliciano, Latisha Gibbs and Fay Muir. Okay, you may start in whatever order you'd like, just be sure to speak into the mic directly. Make sure the light is on, and announce yourself for the record.

LATISHA GIBBS: Good afternoon. My name is Latisha Gibbs. I'm the Coordinator of Special Projects at Health People. I also deal with health advocacy and health education. I would first like to thank--I would first like to compliment Council Members Corey Johnson Office and the City Council for a very thoughtful much needed bill and serious effort to tailor this bill around the community needs. Health care services and resources are unevenly and

unequally distributed with excess and unneeded services available in more affluent communities and inadequate or non-existent services in poorer communities. During the last Administration, community-based organizations, especially in the outer boroughs, experienced drastic funding cuts. In many program services they provided, one of the worst examples is AIDS. The last Administration took so much federal AIDS support money commonly known as the Ryan White Funding out of the Bronx and Brooklyn and reallocated this funding to Manhattan, which ended up with almost 60 percent of this funding, even though the majority of HIV and AIDS cases are now in the Bronx and Brooklyn. Of this funding, even though the--excuse me, I'm sorry. Sixty programs in the Bronx and Brooklyn were forced to close. The Bronx was left without food pantries, without nutritional services and without one of the family support programs that were designed to give the extra support to parents who were usually single mothers, but Manhattan got five family support programs for parents with AIDS. Every effort to speak with the last Administration even process was put forth in order to convince them to put the funding back.

These efforts failed to change this terrible situation, which is a great example of why we need a comprehensive health planning. Meanwhile, we see populations from the re-entries of those in drug treatment concentrated in the same neighborhoods over and over again, yet, without a fair share of resources to stabilize and help these populations. This can only be possible if it is well coordinated and funded. We request that this bill be--that this bill be modified to include minimum staffing of bodies and also to create a minimum funding mechanism similar to that utilized by the independent budget office, a percentage of the city's budget is automatically allocated to fund the IBO operations.

CHAIRPERSON JOHNSON: Thank you very much, Ms. Gibbs, for being here. Thank you for your testimony.

FAY MUIR: My name is Fay Muir, and I'm here as a resident of the Bronx. I belong to the community group called Northwest Bronx Community and Clergy Coalition. I'm also on the Community Advisory Board for the North Central Bronx Hospital, and I can speak from personal experience about community involvement, and when I say community involvement, I

mean community involvement in the actual planning of what goes into health care. We, you know, are very aware of all the services that has been lost, especially to the poor and low income communities in spite of the fact that they have the least in health services and the least in health, and recently we had the problem where these services that were very much needed in our neighborhood for labor and delivery services at the North Central Bronx Hospital. That unit was being closed, and the community had to, you know, jump through a lot of hoops in order to be included in the planning. The result was that not only were the services replaced, but they were replaced with great improvement, and we were not only complimented on, you know, what has happened in the status of the hospital services, but also in the fact that we were able to much more comprehensively involved the people who get these services, and because of that is why the services were replaced and improved and we got that acknowledgement all across the board from government officials through the different agencies that provide services in the Bronx as well as the hospital staff. I'd just like to say that the way that for-profit hospitals operate and

non-for-profit operates is in a--I have experienced them both, and I can definitely say that, you know--I have stayed with the nonprofit hospital because not only was a I treated for whatever illnesses I might have, but also I was treated in a more comprehensive manner. I was treated, you know, more respectfully. I can't say enough about the contrast in the hospital services and the medical staff that I had to deal with as compared in the nonprofits to the for-profit hospitals. So, they need a lot more support instead of their budgets being taken away. I think that they should get a lot more support as far as, you know, economics. Thank you.

CHAIRPERSON JOHNSON: Thank you, Ms. Muir.

ANTHONY FELICIANO: Good morning. Actually, probably almost good afternoon actually. My name is Anthony Feliciano. I'm the Director of the Commission on the Public Health System. I'm not going to go through my lengthy testimony, obviously. I'll go to the last part, but I want to say that when Councilman Corey Johnson speaks about the advocacy groups that came to talk about the deficiencies, we were one of them with the folks that are here at the

table and many others in this room, and when we talk about it not being an indictment on the City Department of Health, it's very true. It's not an indictment on the City Department of Health, the Mayoral Administration. To me, it's an indictment of the State Department of Health laissez-faire treatment and how they deal with health care in our communities. Part of it has to do with the fact that allowing hospital closing in low income communities of color and the impact that has occurred. In your packet there's a map that we worked on. It's based on info-share, Len's work, and we say where all these hospital closures that occurred and saw that 50 percent have turned into luxury housing. The other 50 percent has become vacant. If we--comprehensive health planning could help support, think through a better assessment when it comes to it. We can't stop a hospital closing, but we at least can assess what the area should look like in terms of need for folks. We shouldn't be having 50 percent luxury housing if we're really talking about addressing [inaudible 2:03:37] of health in low income communities of color where they're going to be left out. So, I do want to say that we're going to ensure that beyond that it's

also direct decision-making powers not shared with communities. The state has allowed that to occur. We have hospitals making decisions, private hospitals particularly making decisions without community input, and so comprehensive health planning would help support this. We're not saying this is an overall solution, but is we need to have this process put in place. We need to have that counter balance to power for community. We wanted to say that the HSA Council on Comprehensive Community Health Planning should operationalize respect for the community so the community becomes invested in the partnership and be part of the responsibility. We want to say that it must recognize a set of imperatives involving the sharing of information, which is personally [sic] meaning [sic] to each participant in each role played by each stakeholder. We want to be sure that it modifies the bill in terms of staffing requirements and resources to make sustainable this process. You know, health is essential to opportunity. To frequently inequalities and problems with our current system causes loss in time, money, ultimately health which threatens our economic security and our community wellbeing. You know, our current Mayor and

many in here agree that everyone deserves an equal chance in life, but there's evidence that indicates that entire groups of people are being left out or left behind. Remedying that situation should be one of the highest priorities and the comprehensive health planning process that involves true meaningful community engagement and stakeholder is the right way to go, and I agree with Judy and others that, you know, there is a big difference between being consultant and then being part of the design and being involved, and many of the health reforms that are happening at the state level that's trickling to the city level negate that. And so we support Intro 973 and 974. Thank you.

CHAIRPERSON JOHNSON: Thank you, Anthony. Thank you all. I want to just mention, Anthony, I know you didn't have enough time to go through your entire testimony, but I think your testimony is very well done and you have been such an important partner in getting us to today, and one thing that you said in your testimony is you talked about--let me find it--how major parts of the health care industry are also to blame. Large segments of the health care industry are dominated by private for-profit

corporations and partnerships, practice groups that are primarily motivated but that desire to generate income and profit. Decisions regarding health care resource allocation and distribution and the way in which CHAIR SRINIVASAN: are delivered in our communities are made by the CEO's and board of powerful networks with little or no transparency--Leon said the same thing--public input or involvement by affected communities. I think part of this is about saying, is what you just mentioned and what Judy had said, it's not about simply consultation every now and then, and I'm glad the Health Department is doing these consultation. It's about real sustained involvement in a meaningful way. I mean, one thing that I've thought about during this hearing is, you know, we created Community Boards for a reason in New York City, because we thought that community involvement was important, and through charter revision we gave Community Boards certain powers, and they were mostly advisory powers. They were non-binding powers, but I can tell you that the City Council and Borough Presidents and hopefully the Mayor will look at Community Board recommendations and say, oh, this is what makes sense in these local

communities. I think that's partly what we want to do here as well, give some power back to local communities so they have a say in health care planning throughout our neighborhoods. Thank you. Do you want to say anything, Anthony?

ANTHONY FELICIANO: Thank you. If I may add, this only also helps with Community Board district needs statements. Many times Community Boards don't have enough support or enough of the knowledge and the resources to really make district need statements when it comes to health. And I see health and wellbeing broader than just health care services. Its housing and all the other areas that need to be addressed, and that's what comprehensive health planning is about. It's about policy and brining that all coordinated together in one place with that community engagement.

CHAIRPERSON JOHNSON: Thank you very much. I look forward to working together. Thank you all. Thank you. We're going to have two more panels. This next panel is going to be Julienne Verdi from Planned Parenthood and Heidi Siegfried. And then we have one panel after that. We have one panel after

this, yes. Only these two for now. Heidi, you may begin.

HEIDI SIEGFRIED: Let's see. It should be green. Oh, it should be red. So, I'm Heidi Siegfried, and I'm the Health Policy Director at Center for Independence of the Disabled in New York, and we are a cross-disability organization. So, we serve people with mobility impairments, hearing impairments, vision impairments, cognitive, mental illness, all kinds of disabilities. We have offices in Manhattan and also in Queens, but we serve the whole city. So our office used to be Peter Koo's district so we'll be talking to him about this bill. So, we work on removing barriers to participation in all areas of life including in the health care system. We've been doing that since 1978 and this is the 25th anniversary of the Americans with Disabilities Act, so we're really redoubling our efforts. The population--we haven't heard the word disability today from some of the speakers, but we do see it in the legislation, which we're really happy about. Over 10 percent of New Yorkers do have disabilities, and that's in all the boroughs. The Bronx has actually 14 percent of the people in the

Bronx have disabilities, and that's really because of the high poverty rate that people with disabilities experience. So, it's 36.5 percent of people with disabilities are living in poverty whereas only six percent of people without disabilities are living in poverty in New York City, so they tend to be concentrated in the Bronx, but they're spread throughout. So, taking a neighborhood base approach doesn't really work for us, although the neighborhood should be considering the issues of people with disabilities. We support this bill be we have been working with all of the changing health care delivery system initiatives that have been going on, both at the state level with DSRIP, Performing Provider Systems. You know, the city testimony about all the different initiatives that they're taking up, and we feel that it really needs to be coordinated in a way that includes public participation and includes the voices of patients, of consumers who are people with disabilities often and they need to have a health care system that is more accessible both physically accessible and with providers that understand the need to accommodate people's disabilities, and we hope that we can--that this will become a vehicle to

get that voice, our voice into the planning. So, that's--

CHAIRPERSON JOHNSON: [interposing] Thank you, Heidi.

JULIENNE VERDI: Good afternoon. I'm Julienne Verdi, Director of Government Relations at Planned Parenthood of New York City, and I'm pleased to be here today to provide testimony in support of proposed Introduction 973A and proposed Introduction 974. We thank Council Member Corey Johnson for his leadership in convening this hearing and welcome the opportunity to discuss ways we can improve health care access for all New Yorkers. As a sexual and reproductive health care provider we see nearly 50,000 patients annually in our five health centers located in all five boroughs of New York City, and as a trusted safety net provider, we understand firsthand the structural inequities that affect a person's access to quality health care. Community Health Planning has the potential to provide the data and analysis that can connect the needs of the community to the services that can be provided to them. PPNYC is in support of improving coordination between community providers and city agencies with

the shared goal of reducing disparities, maximizing resources and improving health outcomes, and we're in favor of an agency that will be representative of community interests and give a role to health care workers, community based providers, community health care advocacy groups, and local populations in decision-making processes. As a safety net provider, PPNYC understands the many socioeconomic barriers that impact a person's access to health care and work to address them in all aspects of our care. For example, we are proud of the strides that New York State has made in implementing the Affordable Care Act, and since 2000 PPNYC has provided onsite public insurance enrollment. In response to the ECA we have ensured that all of our entitlement staff are now certified application counselors and offer one to one counseling and enrollment in public and private insurance program. Our certified application counselors represent the recognition that to maximize access there must be onsite insurance enrollment services provided together with health care services, and we encourage that these services be promoted by any health care planning agency. We also know that despite the gains from the ACA many New Yorkers

remain ineligible for coverage, especially with those in regard with their immigration status. And we also know that there's large portions of New York City where there are a few health care providers, and PPNYC is committed to ensuring that we are adequately addressing the health care needs of all New Yorkers and are keenly aware that the health care demographics and disparities often shift in our ever-changing city, and that's why we're in favor of proposed Intro 974, but we ask that the Council make a couple of additions to the bill. We ask that the bill include sexual and reproductive health care services as a part of basic preventative care and therefore, you know, be included in the map. Many of our patients, this is their first sort of access to care and might be the only time they see a doctor, and we also ask that the map include HIV prevalence, sexually transmitted disease rates, and also age-adjusted pregnancy outcomes, and we ask that these be provided in a way that's smaller than a borough. Right now we really can only get those stats by borough, but we don't want them to be too small, because we understand there's confidentiality concerns. So we look forward to working with the

Council on this and we really thank you for the opportunity to testify.

CHAIRPERSON JOHNSON: Thank you very much both for your testimony. I think those are some good edits, and I look forward to working with you on adjourn [sic] we amend the bill to look into what your recommendations are. Thank you.

JULIENNE VERDI: Thank you.

CHAIRPERSON JOHNSON: Last panel, and forgive me if I do not pronounce your name correctly, Amr Moursi from the NYU College of Dentistry, yes, Michael Czaczkes. Michael, I always pronounce your last name wrong, I'm sorry. Sorry, Michael. And Carmen Santana. You may begin, Mr. Moursi.

AMR MOURSI: Alright. Good afternoon, Chairman Johnson and members of the Committee. My name is Amr Moursi. I'm a children's dentist. I'm Chairman of the Department of Pediatric Dentistry at the New York University College of Dentistry. I really appreciate the opportunity to testify today as you consider this legislation to improve coordination of health care for New Yorkers. The NYU College of Dentistry provides dental care and education to thousands of New Yorkers every year regardless of

their ability to pay. In fact, 80 percent of the children we care for in my Department are either low income or receive their services through Medicaid. The number of qualified dentists who now are enrolled in Medicaid in New York continues to shrink. So, the services we provide with NYU College of Dentistry are really a crucial part of health care for low income families and children as they seek this particular type of health care, and there's two particular programs that I think illustrate this. The first is our Smiling Faces Going Places dental van that provides care and education to over 2,000 children per year at elementary public schools, preschools, health fairs in all five boroughs. I want to thank the Chairman and the City Council for their continued support of that program in partnering with us to ensure that underserved children receive this care. Another example is the care we provide through our dental clinic at the College of Dentistry and particularly in the pediatric dental clinic. Located on First Avenue, we see over 300,000 visits a year and nearly 10,000 children from all five boroughs, and with oral health being such a critical part of general health, it is now the most common chronic

disease of childhood, more common than asthma even. So, for that reason it's critical to coordinate that care and make sure we increase both access and utilization. So, the NYU College of Dentistry supports the legislation being discussed today, though we think it would be strengthened by inclusion of dental services. Dental care/oral health care is a critical part of oral health--overall health, sorry. Research shows that for example children's with poor oral health eat poorly. They have poor nutrition. They sleep poorly and they perform poorly in school. Adults with poor oral health have high risk of diabetes, heart disease and complicated pregnancies. So, because oral health is such a big part of overall health, I think coordination of services through the proposed Office of Comprehensive Community Health Planning, I think is particularly critical, and we recommend that a representative from dental services serve as a member of the intra-agency coordinating council and that dental services providers be consulted in the work of the interagency council to ensure that the current availability of services for all New York City residents is actually captured and addressed and planned pursuant to the

needs. I personally had the good fortune of working with offices in the Department of Health, the Department of Education, the Administration for Children Services on oral health programs, and they all provide just wonderful, wonderful program, and anything that can optimize those programs and those services I think would be terribly beneficial. To wrap up, the proposal of a city map of health services to help citizens really identify the services that are out there, in particularly the oral health care services I think would be particularly important for underserved populations. Surveys consistently show that dental care is the number one unmet health need, and that is from parents and from families who have a lot of unmet needs. So, working with families, particularly families with disabilities and special needs and having that sort of mapping and database available I think will be particularly important. So, we hope that any legislation being discussed today include oral health services so that services like those we provide at NYU College of Dentistry and other dental providers in the city can be made more available in a more coordinated fashion to those in New York City.

CHAIRPERSON JOHNSON: Thank you very much.

MICHAEL CZACZKES: Good morning. My name is Michael Czaczkes and I'm the Director of Policy and Public Affairs at the Gay Men's Health Crisis. We're in full support of the Comprehensive Community Health Planning Office. We want to just get into a few specifics of the bill about why we really support the bill. This office would have the power to develop and coordinate access to culturally competent health care. Walk through the door of any Ryan White Provider Clinic, and you'll find a cross-section of communities hardest hit by HIV and AIDS, which includes people of color, substance users and transgender women. Entering HIV care often marks the first time an individuals have ever had access with a primary physician. Providers who understand how to work with underserved populations are essential to ensuring positive health outcomes. Second, we see support for initiatives in expanding access to primary care, which was discussed today. Patients whose HIV might be under control might feel that they don't need to see a doctor regularly, but we know that adherence is about more than just taking your antiretroviral treatments regularly. It's about

receiving regular primary care to help ensure that patients with HIV infections live long and healthy lives. Next, I know a lot we talked to today about coordination amongst the agencies in the City Council, but we also know that this bill talks about coordination on the state and federal levels and we need to make sure that's there's support integration with the White House's HIV and AIDS strategy as well as the Governor's Ending the AIDS Epidemic Blueprint to ensure that the right amount of funding and resources are allocated in the most efficient manner possible so that we can fully address a full range of prevention, care and social service needs. And finally, better coordination of care amongst those living with HIV and AIDS means that there'll be ensured linkage to care. We know that that's a fact from our work at GMHC. We test about 2,600 people every year. When someone comes to GMHC's testing center on 29th Street and tests positive, one of our staff members walks them down the block or walks them over a few blocks to Mount Sinai's Hospital. They're also linked with a GMHC staff member who ensures that they stay in care at Mount Sinai, and that's how we've achieved a 90 percent viral suppression rate,

which is twice the viral suppression rate of the statewide and 3.5 times the viral suppression rate nationwide. And finally, in closing, GMHC would also like to volunteer their support in any way that we can help move this bill forward in terms of providing information and statistics from our work as well as that with the Governor's Ending the Epidemic Blueprint. Thank you.

CHAIRPERSON JOHNSON: Michael, that was a feat. You were great.

MICHAEL CZACZKES: With time to spare.

CHAIRPERSON JOHNSON: Yes, with time to spare. It was amazing. Thank you for being here. Thank you for being patient. Great testimony. Thank you. Yes, Ms. Santana, thank you for being here.

CARMEN SANTANA: Thank you. Good morning. My name is Carmen Santana, and among the many hats that I wear I am a member of the Board at the Commission on the Public Health System for many years. I'm also a board member of Community Board Five in Queens and also on the Health Committee there at Community Board Five. In education I am a co-founder of an organization called ICOPE [sic] and others that I rather not go into. I also have been a

special Ed. advocate for more than 35 years. My thing is children, always has been, special needs children as well. This morning I want to say that community planning and policy development are crucial in delivering services much needed in providing important resources in low income, medically underserved, immigrant, and in communities of color. Providing primary and preventive services in small settings in locally accessible facilities sound familiar? Well, since the 1900's that was the mission of the Child's Health Clinics. The Child Health Clinics were strategically located in New York's five boroughs. Some were conveniently located in NYCHA housing developments. Sorely many of these clinics have been closed and from approximately 49 child health clinics, the last time I counted there were 19 left. Many were converted to communicare [sic] clinics. That was a project that David Dinkins when he was Mayor had a vision for, changing the delivery of services as they change their names. That meant that instead of the children's services they provided services to the entire families, but we also grandfathered in all the services that came with the child health clinics. Since 1994 to date the

Health and Hospital Corporation took over management of these clinics. In 2008, CPH has celebrated with HHC, the Child Health Clinics 100th anniversary. In order to provide comprehensive health planning, there is no doubt that identifying and creating, but most importantly sustaining health care services are very important factors in delivering the much needed health services and make them accessible to all communities. A coordinated, invested and dedicated independent body can't support this as it is a safety net. Before I conclude, I just want to say that I'm disappointed that--well, post 9/11 Doctor Nathaniel Hupert [sp?] of Cornell rolled a preparedness planning guide and not being a native of New York he mentions these child health clinics as the strategic locations in case of emergency should we need to immunize people in emergency. Living the times that we're living today, it's sad that they have been almost phased out. Also, I want to mention that when Doctor Friedan [sp?] was Commissioner, when he left the last child dental clinic in the school system was shut down. When we celebrated the 100th anniversary we also did policy stuff. Judy wrote two policies papers. One was called the Leave [sic] Communities

Voices--Community Voices. And I'll just conclude by saying that I hope that the remaining child health clinics, Communicare Clinics, I call them gold mines, are among the very infrastructures considered as well as be protected going forward promoting healthy communities. Thank you.

CHAIRPERSON JOHNSON: Thank you, Ms. Santana. Thanks for being here. Council Member Barron?

COUNCIL MEMBER BARRON: Thank you, Mr. Chair. I just want to acknowledge the panel that's here and the work that you do, and the NYU Dental van, Smiling Faces, is that what's it called, is a great service if you don't know about, and especially if you're in a low income area. Their services are available mainly through school connections, but they did come to a special event that we had. And for full disclosure, I had a gold crown placed in my mouth as a child at the Dental Center on First Avenue, and it lasted for over 50 years, no problems. So, the great work that you do there, thank you.

AMR MOURSI: That's good to hear. Thank you. In fact, my very first dental visit--

CHAIRPERSON JOHNSON: [interposing] If you could speak into the mic.

AMR MOURSI: In fact, my very first dental visit was at the NYU College of Dentistry. So, in the clinic in which I now Chair. So, it's a-- and the Council has been great partners and we've always have really appreciated that.

CHAIRPERSON JOHNSON: And I had a wisdom tooth taken out at that clinic on First Avenue. They do great work. The laughing gas was amazing. I want to thank you all for being here today. Thank you Council Member Barron for staying throughout the entire hearing and for your questions and comments. I look forward to working with the Administration and with advocates on getting a good bill to move forward that consults communities and actually integrates them in a meaningful way and comes up with a comprehensive health planning document for our city and also a coordinating council and map of the health resources. So, thank you all very much, and with that, this hearing is adjourned.

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date December 31, 2015