



**Testimony**

of

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Commissioner**

**New York City Department of Health and Mental Hygiene**

before the

**New York City Council  
Committee on Finance and Committee on Health**

regarding

**FY2009 Executive Budget**

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**City Hall  
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Good afternoon, Chairpersons Rivera, Weprin, and members of the Committees on Health and Finance. I am Tom Frieden, New York City Health Commissioner.

### **Recent Accomplishments and the Year Ahead**

Let me begin by highlighting several recent achievements. Smoking has continued to decline in New York since 2002, and is now at the lowest rate in more than 50 years. The Department of Health and Mental Hygiene (DOHMH) recently launched an aggressive media campaign and smoking cessation effort featuring a former Bronx smoker who herself called 311 for nicotine patches in 2006. The “Marie” campaign ran on television, radio and the Internet, in taxi cabs, and in the subway system. More than 30,000 New Yorkers called 311 during the 16-day campaign, with the highest call volume coming from the South Bronx. About 60% of callers said they heard about the program through the Health Department’s new anti-tobacco ads.

Last week the Mayor, the Speaker and I held a press conference to announce that after years in which the smoking rate drastically declined in only four of the five boroughs in New York City, the high smoking rate on Staten Island fell by 25 percent - or 22,000 people according to the annual Community Health Survey. Staten Island's adult smoking rate dropped from 27.2 percent in 2006 to 20.4 percent in 2007, and the decrease was especially pronounced among men in Staten Island, whose rate fell from 29.3 percent in 2006 to 19.9 percent in 2007. Citywide, the number of smokers has fallen by 300,000 in five years. This decline will prevent about 100,000 premature deaths from smoking in future years.

There have also been positive developments with respect to our obesity prevention efforts. In April the Federal District Court ruled in favor of New York City’s calorie posting regulation, rejecting the New York State Restaurant Association’s motion to block enforcement while this decision was on appeal. The Restaurant Association then appealed to the U.S. Court of Appeals to stop enforcement. The Court of Appeals denied the Restaurant Association’s request for a stay of enforcement, and will hear the case this summer. The calorie-posting rule took effect on April 30th. DOHMH has begun issuing violations, but won’t impose fines until later this summer. More than one quarter of affected restaurants are now in compliance.

On the disease control front, the vaccination rate for young children has also reached the highest level ever in New York City. As of mid-2007, 80% of kids aged 19 to 35 months (more than 140,000 children) had received all of their recommended shots, up 11% from 2006. We now surpass the national rate. Even as the number of recommended shots has grown in the past decade, rates of vaccination have continued to increase.

### **Budget Outlook**

Turning to the budget, there have been some not so positive developments. Fiscal pressure at the city, state and federal levels will have an impact on the Department. The city is facing its worst budget year since 2002 and the economic forecast is unlikely to improve anytime soon. All city agencies were asked to identify 3% of savings as part of the Executive Budget, in addition to the

5% savings target included in the January Plan. Our headcount also was reduced by 200 lines. Although this will not require layoffs, it will affect our ability to provide services.

In addition, the 2008-09 enacted State budget included a two percent across the board reduction in aid that includes Article 6 state public health funding. The city was forced to cover this funding gap in order to minimize the impact on key public health initiatives. Unfortunately, the fiscal outlook for New York State remains bleak for the foreseeable future, and further cost shifting from the state may add to the pressures we face at the local level.

On a more positive note, the state budget included a \$1.25 increase in the state tobacco tax, giving New York the highest cigarette tax in the nation. This move will deter New Yorkers from smoking and save literally tens of thousands of lives.

We are also facing an elimination of \$7 million in federal emergency preparedness funding for pandemic flu planning and infectious disease surveillance. There are additional federal cuts to our tuberculosis control program, which I will discuss in more detail later in my testimony.

### **FY09 Executive Budget**

The budget pressures facing the Department are real, but our ability to promote and protect the public health remains strong. While the Department was able to meet much of our savings target from revenue initiatives and administrative efficiencies, there must be some reduction in services. HIV/AIDS funding has been reduced by \$1.3 million. This requires us to stop the distribution of rapid test kits to several voluntary hospitals. In addition, five CBO contracts providing anti-stigma and behavioral interventions will also not be renewed.

We must also reduce funding for the Healthy Women/Healthy Babies emergency contraception (EC) program by \$300,000 and scale back its outreach efforts. In FY07, this program provided EC to more than 7,000 women and educated providers in high-risk neighborhoods throughout all five boroughs.

While the citywide immunization clinics and the vaccine referral program for children will continue, we will purchase fewer Hepatitis A and B vaccines. Our plans to provide HPV vaccines for 19 to 26 year olds may also be scaled back.

The Department will realize some cost savings resulting from the increased use of electronic reporting for the Citywide Immunization Registry (CIR). This move will reduce the number of paper forms and help preserve critical immunization services.

Unfortunately, as a consequence of overall budget reductions, several planned program expansions will be put on hold or cancelled altogether. The Newborn Home Visiting Program which is currently serving only first-time mothers in the Bronx, will be unable to serve all mothers of newborns in the Bronx. As a result of stopping expansion of the Bronx program, in FY09, there will be between 2,000 and 4,000 new mothers who would otherwise have received a home visit who will not receive this service.

As I mentioned at the Preliminary Budget hearing in March, DOHMH may no longer be able to afford QuantiFERON, the highly efficient tuberculosis test that requires only one visit instead of two. This is due in part to a nearly \$3 million federal cut to our tuberculosis control grant, which affects not only usage of QuantiFERON but also DOHMH's ability to fund successful community based programs, such as the NYU School of Medicine Center for Immigrant Health Tuberculosis program. This program currently receives \$450,000 from DOHMH; at present we do not have funds for this important and effective program in FY09.

The Harlem Children's Zone Asthma Initiative (HCZAI) will be expanded to increase community knowledge and awareness about asthma, strengthen education and case management services, and increase care coordination services for children attending neighborhood schools and day care centers. We anticipate this new program will serve an estimated 1,500 children with asthma attending 11 elementary schools, about 500 children in 10 day care centers, and several hundred patients attending the Renaissance Clinic on 125<sup>th</sup> Street. While this program is focused on children, it will also identify family members of children who have asthma and assist them in obtaining care and control of their asthma.

Before closing, I'd like to briefly discuss City Council initiatives administered by the Department. This portfolio of more than 160 contracts totaling nearly \$70 million is used to support groups working on a wide range of public health issues. We appreciate the Council's continued support for public health and take our role as steward of these dollars very seriously. We work closely with Council staff to provide feedback on individual designations and are available to help the Council determine the best use of these limited funds. Unfortunately, not all of these designations are having their desired impact. In some cases, multi-year designations have run their course but continue to be funded; larger designations are split among too many groups to be effective; poorly managed programs continue to be rewarded with larger contracts, while funding for stronger groups remains flat; or, organizational capacity building is prioritized over service delivery or expected health outcomes. As you consider your funding priorities for FY09, I urge you to take a fresh look at each designation and question whether that funding is achieving its goals or whether the money could be put to better use. We are ready to assist you in shaping a budget that prioritizes public health and puts a premium on the efficient use of limited resources.

Thank you for your collaboration and partnership. I look forward to continuing our work together in the coming year, and am happy to answer your questions.

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