



Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

FY 2015 Preliminary Budget

March 13, 2014

New York City Council Chambers

New York, NY

Good morning Chairman Johnson and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify on the Department's Preliminary Budget for Fiscal Year 2015.

Before I discuss the Department's programmatic highlights and plans for the coming fiscal year, I want to acknowledge that this is my first time addressing the Council as Commissioner. I am excited to learn from you, and to understand the needs of your constituents, so that we can protect and promote public health for all New Yorkers. As Commissioner, my overarching goal is to reduce health disparities in New York City. This mission frames the entire portfolio of initiatives and policies for the Department. I want to work effectively with the Council – leveraging government and its unique resources and abilities, such as legislation, regulation, and procurement – to reduce disparities. As Commissioner, I will focus on ensuring that communities are our partners; we must engage the people, organizations and institutions in neighborhoods that disproportionately experience poor health. Further, we must continue to promote and enhance health measures for children. It will improve their lives and our future.

I am thrilled to return to the premier urban health department in the United States - one that has a long and distinguished history of innovation and excellence - to implement this vision for public health that the Mayor and I share. I am a New Yorker. I grew up in Washington Heights, received my medical degree here in the City from Columbia, and completed my medical residency at Harlem Hospital Center. From 1985 to 2002, I was a member of the medical faculty at the University of Zimbabwe, when I lived and worked in Harare, Zimbabwe. In 2002, I returned to New York City as a Deputy Commissioner at the Health Department, a position I held until 2009. As you all know, New York is a global city – 40 percent of its residents are foreign born. Perhaps for this reason, I found my experience in Africa to be very relevant here.

I have long focused on community engagement and integrating prevention with service delivery as a systems approach to population health improvement. As Deputy Commissioner, this perspective and a great team led to work ranging from the first expansion of School Based Health Centers in many years to the development of the Health Bucks program, which gives more low-income New Yorkers the ability to purchase fresh produce at farmers' markets across the City. As Commissioner, I will continue the Department's focus on healthy eating and reducing tobacco use, which are key to reducing the leading causes of death.

In my nearly 30 years as a public health physician, I have aimed to address the health inequities that burden New Yorkers and people around the globe; the marginalized and excluded have a pattern of poor health. This includes recent work to support efforts in such countries as Ghana, Mozambique, and Zambia to strengthen national health systems, in order to deliver effective primary health care. There are perhaps unexpected similarities between these settings and New York City. Many years ago, I recall watching patients outside an urban health clinic in Zimbabwe. I would often see a mother offering a sip of soda to a toddler, or even - to my dismay - to an infant. While this choice of a treat did not make nutritional sense, it made economic sense. It became clear to me then that we can give people information to make choices, but cost and access influence those choices. This has guided my belief that we in government have the obligation to make healthy choices easier to make.

As I begin my tenure as Commissioner, I recognize that our City has made progress in improving health. Yet the everyday realities that an impoverished Zimbabwean mother faced are

still reflected in our health today. We are part of a City that is one of the most unequal in the United States and one of the most residentially segregated. Government can take the collective actions that individuals cannot take alone. One of our collective responsibilities is to reduce disparities which - as the Health Department recognizes and will focus on - are unfair, unnecessary, and avoidable.

Programmatic Initiatives

One step the Department must take to reduce disparities is encouraging people to claim all the benefits to which they are entitled, including getting healthcare coverage and better access to care. We are supporting on-the-ground efforts to implement the Affordable Care Act. The Department launched a citywide multi-media campaign last week to motivate New Yorkers to sign-up for health insurance coverage. We are helping to ensure that people understand that these insurance plans can be affordable, through subway, radio, newspaper, television, and online advertising. The Department has worked with the Human Resources Administration to craft the campaign, and the Department of Information Technology and Telecommunications and 311 to enable callers to quickly and efficiently enroll in a plan through the New York State Marketplace. I want to thank the Speaker for helping to publicize the campaign. I look forward to working with this committee as our efforts continue into the fall.

District Public Health Offices, or “DPHOs”, are a key part of our ongoing efforts to reach individuals in the community. During my time as Deputy Commissioner I developed these offices to focus our more intensive efforts in these communities. The DPHOs work to ensure that conditions for good health - including food, exercise and outreach services - flourish in the highest need neighborhoods across the City. DPHO community partnerships are crucial to the Health Department’s work; they help us recognize that all communities have assets as well as needs. And the most important assets are community institutions, organizations and residents. For example, in the Department’s NYC Condom Availability Program – a model so successful that the CDC recently awarded us a grant to help other jurisdictions replicate it - our condom health educators are based in the DPHOs. They have greater access to community partners there, which is evidenced by the program’s participation in over 600 community events, their ability to reach more than 25,000 New Yorkers, and their distribution of nearly 40 million male and female condoms across the City last year alone.

We are reminded that disease burdens are unequally distributed across the City. Childhood asthma is the leading cause of school absences among children in New York and differences between neighborhoods are staggering. Asthma hospitalization rates are nearly ten times higher - and emergency department visits are nearly twenty times higher - for low-income neighborhoods across the City. In addition, there are substantial disparities in breastfeeding. Our data shows that mothers who have less than a high school degree have significantly lower breastfeeding rates than those with a college degree. Hepatitis C is another disease which disproportionately affects Blacks and Hispanics, and people living in the poorest neighborhoods of our City, particularly those in South Bronx and Central and East Harlem.

I want to stress that we must protect New Yorkers starting in their early childhood years. I was pleased when the Board of Health recently passed a landmark regulation to require young children who go to preschool or daycare to receive flu shots. In nearby Connecticut, a similar policy was recently shown to be associated with a decrease in influenza-associated hospitalizations in children four and younger. We believe that vaccination of New Yorkers young and old is the best way to prevent influenza, which accounts for more deaths each year

than stroke, hypertension, or diabetes. My commitment to early childhood years is also why I was proud to stand with Mayor de Blasio when he announced the City's plans to expand pre-kindergarten. The Health Department will play a crucial role in this effort, through our inspection of child care programs and provision of school health services to classrooms that will house this expansion. The City performs 6,000 inspections of child care facilities each year; we adhere to strict standards, and we issue citations for violations in about half of the inspections. We regulate staff qualifications and clearances, along with ensuring there are appropriate staff-to-child ratios, to maintain safety and the educational experience. If we find a hazard to children that cannot be fixed, we will close the facility, and suspend its license. We take our responsibility seriously to ensure that children are safe.

Budget

As you know, the budget is of continual concern. I am pleased that the Mayor has restored funding for mental hygiene, immunization and HIV-related services; yet the drastic city, federal, and state budget cuts in recent years have left the Department stretched thin. For example, while the City has restored funds for our immunization program, federal funding has been drastically cut. As a result, we maintain a \$700,000 deficit for the program this year, despite the restoration in funds from the Mayor.

The Department has approximately 6,000 employees and a current operating budget of \$1.3 billion, of which \$563 million is City Tax Levy and the remainder is federal, state and private dollars. Although this may seem substantial, much of the funding is tied to programs that the Department is mandated to provide by law. This includes three of the Department's biggest programs: Early Intervention, School Health, and Correctional Health. These programs, when combined, make up a third of the agency's budget. If you include these with our initiatives that are primarily state and federally funded - such as those for mental health and HIV - less than one-third of the Department's budget is available for other health programs such as our clinics, the District Public Health Offices, and animal shelters.

Federal Budget

The federal budget also presents substantial areas of concern for the Department. The Hospital Preparedness Program was cut nearly 29 percent by Congress as part of the federal spending bill for fiscal year 2014. A subsequent cut to the Department's award will reduce emergency preparedness services that we provide to City hospitals, nursing homes and adult care facilities. These and other initiatives - which were so important to New Yorkers' safety during Superstorm Sandy - are in jeopardy.

The Department will also lose roughly \$16.8 million over the next two years in federal public health grant funds, through the Affordable Care Act, for programs focused on community-based prevention. These funds, part of the Community Transformation Grant, have been used to implement programs to prevent chronic disease. For example, grant funding has been used to train medical providers throughout New York City to provide screening, intervention and referral to treatment for alcohol abuse. Outreach and technical assistance have been provided to 18 hospitals to implement comprehensive tobacco-free environments for their staff and patients, and to 17 hospitals to adopt baby-friendly standards that promote breastfeeding. The grant has also supported media efforts to reduce tobacco use, generating thousands of calls to the City's 311 line for smoking cessation assistance.

State Budget

As the state budget process evolves, we continue to closely monitor and advocate for multiple proposals. In particular, I want you to be aware of areas in the Governor's proposed Executive Budget that present significant challenges to the Department for fiscal year 2015.

Through an administrative procedure outside of the budget process, the State Health Department has told us and other health departments that it will cut state aid we receive through a matching program known as Article 6 State Aid to Localities for General Public Health Work. The direct impact to our Department is estimated to be \$5.4 million, and the actual impact may be far greater if we are forced to absorb cuts in programs that charge fees, seek reimbursement, or generate other revenue. This latest cut, should it go through, will mean that the Department would have to make painful decisions, and slash critical programs. This cut is fiscally unnecessary due to savings the state has already achieved. We urge you to contact the Governor's Office and ask that this reduction not be implemented.

We also must restore full funding for Nurse-Family Partnership (NFP), a public health program for first-time low-income mothers and their children and families. NFP has served more than 10,000 families across the City since it was launched in 2003. NFP has been proven to reduce language delays and child abuse, and to increase maternal employment. NFP also reduces health disparities among low-income women and their children.

In addition, the Department opposes a provision in the Governor's budget that eliminates the requirement that commercial pesticide applicators report where, how much, and what kinds of pesticides are used. The Department, through our Division of Environmental Health, assesses risk from exposure to potential environmental hazards. We educate the public and health care providers on environmental illnesses. If this change is made, it may become impossible to comply with City laws. It means that we would only receive County-level sales data, and with this level of reporting, it would be impossible to analyze usage in a single location or patterns of pesticide use in City neighborhoods.

I want to ask for your help advocating for these issues with our delegation in Albany. We must reverse the proposed Article 6 cut, which will have a draconian impact on public health services. Full funding for Nurse-Family Partnership is essential, and the pesticide reporting change must be dropped.

We do our best to represent the core mission of the Department, which is to protect and promote the health of all New Yorkers. Unfortunately, the Department has absorbed over \$200 million in City cuts and more than \$100 million in state and federal funding cuts since I was last with the agency. Our budget reality forces us to make difficult decisions and strategic investments.

I thank you for your continued support, and I will be glad to answer your questions.