



Testimony

of

Mary T. Bassett, MD, MPH, Commissioner

New York City Department of Health and Mental Hygiene

before the

**New York City Council Committee on Health
Jointly with the Committee on Finance and the
Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse & Disability Services**

on the

FY 2017 Executive Budget

**May 10, 2016
City Hall – City Council Chambers
New York City**

Good morning, Chairpersons Ferreras-Copeland, Johnson, and Cohen, and members of the committees. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by First Deputy Commissioner Dr. Oxiris Barbot and Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify on our Executive Budget for fiscal year 2017.

I know that many here would agree that public health historically has been linked to social justice. However, it is also clear to me that the patterns of health and disease that vary across neighborhoods in our city reflect the legacy of income inequality and structural racism. There are neighborhoods where half of deaths would not occur if they had the same mortality profile as more affluent neighborhoods. These neighborhoods did not simply fall behind; they have been historically disadvantaged. The cost is paid, among many other ways, in poorer health. That is why the de Blasio Administration remains focused on promoting equity. I am happy to report that this Executive Budget affirms this commitment.

A core aspect of the Mayor's equity agenda is the fight for \$15. A higher minimum wage for all is not only important to ensuring the dignity of work; higher wages save lives. In fact, the Department's research, recently published in the American Journal of Public Health, shows that raising the minimum wage to \$15 per hour will save approximately 1,000 lives each year, with the greatest benefit for residents in our poorest neighborhoods.

This is just one example of how a policy to promote equity in one field – in this case, income equality – also promotes health. The Mayor's historic UPK program is another, because research shows that access to early education is linked to improved health in adults. Similarly, we know that better housing and better schools reduce health disparities among neighborhoods. Each of these priorities, which I know the Council shares, are integral to our collective effort to make every neighborhood a healthy neighborhood, from the poorest to the wealthiest.

Budget Highlights

At the Health Department, we are grateful for a budget that supports our strides toward improving health equity. The Department's current operating budget is \$1.42 billion, of which \$594 million is City Tax Levy and the remainder is federal, State and private dollars. This reflects a net increase in spending of \$111 million in City Tax Levy from fiscal year 2016, and

an increase of \$37 million from the fiscal year 2017 Preliminary budget including \$2.4 million for Neighborhood Health Action Centers, \$8.9 million for Zika preparedness, \$5.1 million for opioid overdose prevention, and \$2.4 million for enhanced risk-based inspections in child care centers. In addition, this budget reaffirms the Administration's commitment to having animal shelters in all five boroughs by including \$10 million in capital funding for a Bronx and Queens animal shelter. As we have increased funding for these vital programs, we have also been prudent. I am pleased to report that we have identified \$51 million in savings for fiscal years 2016 and 2017, in part by reducing our reliance on consultants, without any reduction in services.

The fiscal year 2017 Executive Budget moves our city forward on innovative health programs, and allows the Department to prepare for and respond to crucial public health issues. As you know, the Department will open three Neighborhood Health Action Centers in 2016 in communities that bear the highest disease burden and have faced chronic disinvestment. The budget reflects our commitment of 34 staff, at a cost of \$2.4 million; this will close service gaps and establish neighborhood-specific action plans to inform collaboration, interventions and investments in our communities. We have already begun to work with community members, providers, organizations and institutions to coordinate a joint approach to the health and social priorities of our communities. Over the past year, we have met with Council Members from the Health Action Center neighborhoods to update them on our progress and engage them in how these sites will further the health of their constituents. The Department looks forward to continuing these conversations as the doors of the re-envisioned District Health Centers open and these buildings once again become hubs of neighborhood activity as they were under Mayor LaGuardia.

The Executive Budget also addresses the City's plan to protect New Yorkers from the Zika virus. As you know, this virus began moving through much of Latin America and the Caribbean last year. The Administration plans to invest \$21 million over the next three years in our Zika work, with the agency adding 51 new staff members. Our Zika Preparedness Plan, which we released last month with the Mayor and Deputy Mayor Palacio, has three goals: 1) to reduce the population of mosquitoes that may be able to transmit the virus; 2) to detect Zika virus in mosquitos and in humans, particularly pregnant women who were exposed to Zika

through travel or sexual transmission; and 3) to educate New Yorkers about how to reduce the risk of local transmission.

Although our intensive mosquito surveillance program has never detected the *Aedes aegypti* mosquito, the main carrier of this virus, we have seen *Aedes albopictus*, commonly known as the Asian Tiger mosquito, which is a close cousin and could possibly transmit Zika. We will limit the areas in which these mosquitos breed by reducing standing water, and enhance our work by killing mosquito larvae and adult mosquitos. We will also increase the number of mosquitos we trap and test for Zika. We assess local transmission of Zika to be unlikely in New York, but we are not taking any chances. The consequences for babies and impact on families are severe.

Even if we do not have local transmission of Zika, we will continue to see cases here from people travelling from outside New York City. For this reason, it is important that we diagnose those with Zika and ensure that our healthcare partners have the information they need to test patients. I want to be clear: people who should be tested include all pregnant women who have traveled to an area of ongoing Zika transmission, as well as any travelers with compatible symptoms.

Because it is so important that the public understand these facts, our third focus is getting information out to New Yorkers. Last month, we launched a media campaign -- Fight Back NYC -- and we have scheduled more than 200 community outreach events across the city. We need New Yorkers to protect themselves against mosquito bites and help eliminate standing water. I want to thank the City Council for amplifying the important messaging around this virus, and I want to thank my team for the hard work they have put into this emergency preparedness effort since January.

We face a different, urgent public health issue in the opioid crisis. Preliminary data available this spring show an increase in unintentional overdose deaths from 800 in 2014 to 886 in 2015, with a 40 percent increase in deaths in the Bronx. With this Executive Budget, we are improving health for people who use drugs through significant new funding to confront the opioid epidemic in our city. I want to thank the Mayor for dedicating another \$1 million in fiscal year 2017 to expand naloxone distribution. We will also commit \$1.2 million to growing critical

harm reduction services, including syringe exchange in the hardest hit areas of the city, including the Bronx, and expanding adolescent treatment and outreach in Staten Island. Building upon past success, we will spend over \$2 million to educate over 1,500 physicians in judicious opioid prescribing practices, to reduce unnecessary exposure to opioids and reduce unintentional overdose. Finally, we are proud to launch a non-fatal overdose response system in Staten Island, the Bronx and one additional location still to be determined, which we will expand to all five boroughs over the next three years. Surviving an overdose is not the same as recovery and this program will connect individuals who have suffered a non-fatal overdose to care.

Lastly, we continue to work vigilantly to minimize illegal child care center operation and improve health and safety at underperforming child care centers. We will add 41 staff, at a cost of \$2.4 million in fiscal year 2017 and roughly \$2.7 million in the out years, to establish an Illegal Child Care Detection Unit and implement an enhanced risk-based inspection model. Additional investigation and inspection capacity will result in safer operation of over 11,000 child care providers and further ensure the safety of over 400,000 children. The safety of our littlest and most vulnerable New Yorkers is of the utmost concern to this Administration.

Program Updates

Let me turn now to some other programmatic updates. The work of ThriveNYC is fundamentally important to our city. That is why I am pleased that the Mental Health Association of New York City has been selected to develop and operate NYC Support, a key aspect of our work to improve access to behavioral health care. NYC Support, an investment of \$20 million over three years, will provide a single point of entry -- by phone, text messaging and the web -- for New Yorkers searching for mental health support. For some, this will mean speaking to a counselor by phone, and for others, connection to behavioral health services. It will provide robust crisis counseling, referrals, help with scheduling appointments and follow up care in multiple languages. NYC Support will be a resource for any New Yorker who needs help, and we expect to serve 200,000 people in the coming fiscal year.

We will also train 250,000 New Yorkers from every community in Mental Health First Aid. This course teaches people how to recognize the signs and symptoms of mental illness, and gives them the tools to connect their friends, families and co-workers to help. I want to thank Council Member Cohen for organizing Mental Health First Aid trainings for City Council

members and staff during the month of May. And I want to again thank the First Lady for her unwavering leadership on this and so many other mental health issues.

As we ramp up our ThriveNYC activities, we are working hard to finally end the epidemic of HIV and AIDS that has plagued our city for almost 40 years. The goal of our Ending the Epidemic strategy is to reduce new HIV infections in New York City to fewer than 600 per year by 2020, and I am proud that this agency leads the nation in offering antiretroviral treatment to all people with HIV. We are receiving applications from clinics and community organizations to raise awareness and increase access to biomedical preventive interventions for those at risk for HIV across New York City. In addition, I am excited by the renewal of our Sexually Transmitted Disease clinics; these facilities will provide expanded services in a welcoming environment to even more New Yorkers in need. I want to thank the Council, and particularly our health committee chair Corey Johnson, for your fierce commitment to this work.

Finally, I want to highlight our partnership with the Mayor's Office of Immigrant Affairs to launch ActionHealthNYC, a program to provide health care to New York City residents ineligible for public insurance. This non-insurance program will serve 1,200 New Yorkers in its first year, using a dedicated network of providers, and IDNYC as its membership card. The program offers affordable fees for participants and includes coordinated access to primary and specialty care. The Department is leading a comprehensive evaluation of the first phase of this program. We are gratified to be working with Health + Hospitals and our city's Federally Qualified Health Centers as we build a new health care access program for those who remain ineligible for insurance through the New York State Health Insurance Marketplace.

Conclusion

I am grateful that our fiscal year 2017 Executive Budget provides significant additional funding to advance health equity. Thank you again for the opportunity to testify, and thank you for your support for the Department's work. We are happy to answer any questions.