Testimony of the American Heart Association

Before the New York City Council Committee on Health

Regarding

T2024-0057 - A Local Law to amend the administrative code of the city of New York, in relation to requiring the Department of Health and Mental Hygiene to develop a healthy NYC population health agenda

January 31, 2024

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Thank you, Chair Schulman, and the members of the New York City Council Committee on Health. On behalf of the volunteers of the American Heart Association, we are grateful for the opportunity to present testimony related to your efforts to create a plan that will help all New Yorkers live longer and healthier lives. As the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, of which approximately 80% of diagnoses are preventable[i], the American Heart Association prioritizes many policies that promote better cardiovascular health and health equity.

Health equity is achieved when every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.[ii] Many communities across the U.S. have declared racism as a public health crisis and have given verbal commitments to reduce health inequities, but the steps to reduce inequities are not quite as simple as a resolution or declaration. A community-driven Health Equity Action Plan can engage the community members in prioritizing and driving the positive changes they need to live a healthier life.

What is a Health Equity Action Plan?

While many communities have overarching goals and plans such as Health Agendas, Community Health Improvement Plans, Comprehensive Plans, and Master Plans, a Health Equity Plan both supplements and operationalizes how to reduce health and systemic inequities. The policy should establish expectations for health equity planning including purpose, accountability, actions, and a timeline to increase transparent community engagement. A strong policy would require that a Health Equity Action Plan, at a minimum has:

a. A vision and goal(s) of the Health Equity Action Plan
b. Strategies and tactics to accomplish the goal(s) of the Health Equity Action Plan
c. A responsible party for development

d. Stakeholders included throughout the entire process
e. Supports and resources identified as necessary to adopt equitable policies and practices
f. Deliverables and timelines that include tracking and evaluation
g. Plans for sustainability of health equity work
h. Data and surveys incorporated into planning processes

Why should NYC create a Health Equity Action Plan?

Where someone lives is a strong predictor of how long and how well they live.[iii] [iv] [v] [vi] [vii] There is substantial evidence that neighborhoods' environments have important impacts on health.[viii] [ix] [x] [xi] [xii] Because every single community and every neighborhood is different, the inequities experienced are also unique. A Health Equity Action Plan allows community ownership of the development of the plan in order to pair data and research on the known health disparities with the community members' lived experiences to create a tailored plan that government, public health, community service organizations, nonprofits, businesses, healthcare facilities, faith-based institutions, and, most importantly, community members can all share and implement.

Thank you for everything you have done and will do to protect the lives of the people of New York City. The American Heart Association is a reliable and trusted source of information based in credible science, and we will continue to be your partner in ensuring the health and well-being of all New Yorkers.

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New York City Council Committee on Health
Public Hearing: Healthy NYC Population Health Agenda
January 31, 2024

Background

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide written testimony to the New York City Council Committee on Health. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Located in medically underserved communities across NYC, CHCs provide high quality primary care to everyone, regardless of ability to pay, insurance coverage, or immigration status. NYC CHCs serve more than 1.2 million patients at 490 sites across the city. The majority of NYC CHC patients are extremely low-income – 93% live below 200% of the Federal poverty level. Further, 83% are Black, Indigenous, or People of Color (BIPOC), 30% speak limited or no English, 12% are uninsured, and 5% are unhoused. Nearly 71% of NYC CHC patients are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients and, although CHCs do not collect information on immigration status, it is likely that the vast majority of uninsured patients are not eligible for insurance coverage due to immigration status.

For communities throughout NYC, CHCs are a crucial safety net, working tirelessly to provide high quality affordable primary healthcare and social support services for people who the traditional healthcare system has historically failed. This expanded model of health and social care is the hallmark of CHCs. CHCANYS applauds the NYC Council's bill 2024-0057 to require the NYC Department of Health and Mental Hygiene (DOHMH) to develop a 5-year population health agenda to support the HealthyNYC campaign and looks forward to collaborating with the NYC Council and DOHMH to improve public health outcomes, address health disparities, and improve the quality of and access to healthcare.

I. CHCs Vital Role in Advancing Health Equity

Community health centers are the primary care safety net for quality affordable healthcare services for NYC's most underserved populations who otherwise wouldn't have access to care. More than that, CHCs are trusted by their communities, making them a high value source of care in communities with a long history and good reason to distrust traditional healthcare systems. Communities trust health centers because they are community-run, with over 50% of Board members comprised of patients of the health center. Moreover, CHCs hire staff from the communities they serve. The providers, nonclinical staff, and patients patronize the same grocery stores, have children who attend the same school, and ride the same transit lines. CHCs understand that addressing social drivers of health is key to improving health and reducing health disparities. Beyond providing primary and preventive care, many CHCs act as a center for connecting patients to services to address social needs.

Even so, more work needs to be done to advance health equity and ensure that all New Yorkers have equitable access to opportunities to be healthy and thriving. As trusted community partners, CHCs play a key role in expanding and strengthening access to comprehensive, high quality, and culturally effective care that centers equity and addresses disparities. **Therefore, CHCANYS respectfully requests the Council ensure NYC CHCs, who stand ready to partner with DOHMH, are included in the population health agenda to build a healthier New York City.**

II. Building a Healthier NYC

CHCANYS supports New York City's HealthyNYC vision to improve life expectancy by addressing major drivers of health through a health equity lens, including focus on COVID-19, mental health and substance use, chronic diseases, maternal mortality, and violence. CHCs are poised to play a key role in these efforts because prevention begins with primary care and CHCs are New York's primary care safety net.

a. Communities trusted CHCs throughout the COVID-19 pandemic

The COVID-19 pandemic worsened structural inequities already felt by CHCs and their communities. Throughout the pandemic, CHCs conducted thousands of COVID-19 tests, provided patients and communities with COVID-19 vaccinations and treatments, linked those with long COVID to specialty care, provided public health messaging, and served patients via the modalities that best suited their needs. Many CHCs also partnered with City government to stand-up high-volume testing and vaccination sites or established temporary sites throughout the community. Today, CHCs continue to provide COVID-19 prevention and care and can play a unique role in informing the City's ongoing battle against COVID-19.

b. Coordinated community care starts with CHCs

CHCANYS is in strong support of NYC's population health agenda goal to increase access to mental health services, substance use services, and addressing violence through HealthyNYC. The CHC model of care advances coordinated community care in medically underserved communities through "one stop shopping," providing and connecting to care all in one place. CHC services include primary care, behavioral health, substance use, food, transportation, dental, and more. According to data reported to the federal government, 100% of NY CHCs provide mental health visits and 42% of CHCs provide substance use services.[1] The demand for CHC services is growing, especially for mental health, but CHCs cannot expand services without much needed funding that covers the rising costs for personnel, benefits, operations, and more. CHCANYS requests the NYC Council to ensure the population health agenda prioritizes investments in CHCs.

c. Preventing and managing chronic diseases starts with primary care

CHCANYS is supportive of NYC's goal of increasing cancer screenings and reducing preventable cancer death, with prevention efforts focused on underserved and communities of color that experience higher rates of preventable death. CHCANYS also supports NYC's goal of reducing heart and diabetes related diseases by implementing prevention efforts with a special focus on communities of color, given that Black New Yorkers have the highest number of deaths related to heart disease and diabetes. According to 2022 UDS data, NYC CHCs provided services to 95,966 persons with diabetes and 171,025 persons with hypertension, with overlap due to some patients experiencing concurrent chronic disease. By fostering long-term relationships between patients and their healthcare providers, CHCs are successful at addressing chronic conditions. Per 2022 UDS data, 66% of CHC hypertension patients have their hypertension under control and 74.9% of diabetes patients have their diabetes under control. Strategic investments are needed in communities with disproportionately high levels of chronic disease, and such investments should include increasing access to screenings and health education for communities in need.

[1] As reported on the 2022 Health Resources and Services Administration's (HRSA) Uniform Data System (UDS).

d. Trust is key to improving maternal health outcomes

CHCANYS supports the Council's goal of reducing maternal mortality rates and improving maternal health outcomes for people of color, especially Black people who experience significantly higher pregnancy-associated mortality – with Black women being four times more likely than White women to die from pregnancy-associated causes. Improving and ensuring equitable access to high-quality reproductive healthcare, with focus on addressing the significant disparities for people of color, is a key focus for CHCs. According to 2022 UDS data, NYC CHCs had more than 17,000 prenatal visits by pregnant individuals being seen for the first time in clinical settings. In the initial stage of care, CHCs build trust, laying the foundation for ongoing prenatal, perinatal, and postnatal care for pregnant individuals who otherwise wouldn't have access to such care. This process often results in the development of positive, lifelong relationships between healthcare providers and patients. Special attention and investments are needed to support efforts that work to reduce maternal mortality and improve maternal health outcomes in under resourced communities like those served by health centers.

Conclusion

CHCANYS is grateful for the opportunity to submit this testimony to highlight the crucial and historical role of CHCs in advancing health equity and addressing health inequities. Investing in primary care is critical as it is the frontline defense – focusing on preventive measures, early detection of health issues, and the management of chronic conditions. CHCANYS and NYC CHCs stand ready to partner with the NYC Council and DOHMH to build a healthier NYC. For questions or follow up, please contact Marie Mongeon, Vice President of Policy, mmongeon@chcanys.org.

School Based Health Centers – On the Front Line for Children

Essential Health Services Regardless of Ability to Pay

Impacting Children and Families

- A recently immigrated parent brings her 7-year-old daughter to enroll in a public school close to the shelter where they reside without health record or proof of vaccinations. They are sent by the main office to the school-based health center (SBHC) where the child receives a physical exam and her first set of vaccinations. She is enrolled and starts school that day.

- A high school student overdosed and was non-responsive in the hallway until the provider from the SBHC administered Narcan, revived him and brought him to the health clinic while EMS was on the way.

- A 10-year-old has an asthma attack in a Bronx school, his parents working 90 minutes away in Brooklyn. An asthma nebulizer treatment is administered at the SBHC, a prescription for preventive medication is provided. His primary care provider is contacted and he returns to class. His mom picks him up after school after completing her shift at work.

- A 14-year-old distraught teen walks into her SBHC after getting in over her head with a 21-year-old boyfriend the day before. She has an immediate confidential visit, given plan B, screened for STI including HIV, a return appointment for her results and a reproductive health care visit as well as an appointment for counseling are given to the youth. She returns to class to complete her school day.

Every day, 159,736 children and teens grades K-12, including 22,516 residing in temporary housing, and 4,839 migrant children residing in the most impoverished neighborhoods of NYC have access to medical, mental health, and often dental and vision care provided by SBHCs. These centers operate in 460 schools across 140 school campuses throughout the five boroughs of NYC.

What is a SBHC?

School-Based Health Centers (SBHC) were established by Chapter 198 of the NYS Laws of 1978 "to improve accessibility and availability of quality comprehensive and preventative physical and mental health services to preschool, elementary, middle and secondary school students in high risk areas of New York State."

SBHCs are health clinics in schools, staffed by multidisciplinary teams of full-time medical providers, nurses, medical assistants, receptionists, mental health providers; many include health educators and community outreach workers, part-time dentists and hygienists, and optometrists.

SBHC services include:

- Immunizations for COVID 19, flu, HPV and all other childhood vaccinations required for school attendance;
- Treatment for chronic illness, most notably asthma and diabetes, with significant reductions in emergency room use and hospitalization and improved attendance at school;
- Immediate treatment for acute illnesses and injuries;
- For teens, access to confidential reproductive health services and onsite contraceptive methods including Long Acting Reversible Contraceptives (LARC), HIV screening and STI screening and treatment for thousands of youth;
- Preventive dentistry providing sealant and fluoride treatment to thousands of children.

- Mental health services include crisis intervention, screening and ongoing individual and group counseling. SBHCs are routinely called upon to help students with problems such as depression/anxiety, abuse, family violence, substance use, suicidal feelings, post-traumatic stress, and gang pressure. Principals of schools with school health centers that provide mental health services speak of them as a virtual necessity.
- All services provided in SBHCs are **at no cost to families and regardless of their immigration status.**

History of SBHCs in NYC and Funding

In 1991, the city council funded for the first time 5 SBHCs through DOHMH, one in each borough. In September 2006, Mayor Bloomberg's Commission for Economic Opportunity (CEO) wrote a report on Increasing Opportunity and Reducing Poverty in NYC which included a strong recommendation to "expand SBHCs and reproductive health services" to reduce poverty among children and young adults in NYC. This led to the expansion of SBHCs. Beginning in 2002, the Bloomberg, and then in 2014, the Di Blasio administrations invested over $80,000,000 in capital funding to establish 50+ new SBHCs in Community/Renewal Schools. They were formerly known as "suspension" or "failing" schools.

NYC's SBHCs receive funding through a variety of public funding streams. Medicaid is the primary contributor, accounting for over 50% of the annual budget, while private insurance covers approximately 10%. Some operating costs are covered by sponsoring institutions. Private and public capital and start-up grants help with construction and some initial operational costs for new SBHCs. The remaining revenues come from federal, state and city grant funding. NYC accounts **for 6%** of the total annual budget through approximately $7.8 million in City Tax Levy dollars for 35 of the 140 SBHCs in NYC (105 receive no direct funding from NYC). SBHCs have yet to recover from the significant loss of approximately $26 million in Medicaid revenue when schools were closed during COVID.

SBHCs: Health Equity at its Best

School-based health centers serve and work to ensure that our childrenHMH, one in each borough. In September 2006,et. All services are offered without regard to financial status, citizenship or insurance status. SBHCs have been shown to:

- Increase health care access and wellness visits by students
- Reduce emergency room use; reduce hospitalization and increase school attendance
- Attract harder-to-reach populations, especially migrants, minorities and males, and do a better job at providing crucial services such as mental health care and high-risk behavior screens
- Significantly decrease absenteeism and tardiness among adolescents receiving counseling
- Increase willingness to seek medical services, especially for students reporting depression and past suicide attempts, and those seeking information on pregnancy prevention
- Have higher rates of screening/treatment for STIspe HIV/AIDS, patients report increased condom use
- Reduce teen births/pregnancies by offering on site contraceptive services including LARC
- Increase the use of LARC, 12% of sexually active females on LARC as compared to 5.8% nationally
- Reduce costs, between 2008 and 2017, SBHCs averted an estimated 5,376 pregnancies, 2,104 births and 3,085 abortions, an estimated $30,360,352 of publicly funded births and abortions.

NYC's SBHCs are an Essential Service for Parents, Children and Schools

SBHCs relieve principals, teachers and administrative staff from time consuming medical and mental health emergencies, creating a calmer and more stable environment for children to learn. Parents, especially those with children with chronic health conditions, rely on SBHCs to enable them to avoid work loss and maintain steady employment. Students love them because they meet children where they are – in their schools.

The massive influx of newly migrated families makes SBHCs more important than ever. There is unprecedented need for mental health services post COVID. It is the worst time to reduce services and staff for this essential safety net service. Unfortunately, cutbacks and underfunding are forcing many to reduce services and some to close altogether. Ironically, NYC is required to place and pay for a school nurse to provide minimal first aid and medication administration services for schools when a SBHC closes. Similar funding could serve as a financial anchor for SBHCs citywide.

<u>ASK:</u> We request baseline funding for all NYC SBHCs to prevent further service reductions and closures.

SBHCs in Your District
This packet includes a map of the SBHCs in your district and the families and children positively impacted by them. SBHCs provide a critical service for your constituents but run under the radar until there is a crisis. **We welcome you to visit one in your district to witness their importance firsthand.**

We will be contacting your office to schedule a time to discuss further.
Sincerely,

The NYC School Based Health Alliance,
A Chapter of the New York School Based Health Alliance

SCHOOL - BASED HEALTH CENTERS
IN NEW YORK CITY

56%

Of 252 SBHCs in New York State, 140 of them are New York City.

450 Schools Across 140 School Campuses

153,000 Students Served

22,516 Students in Temporary Housing

4,839 Migrant Students

19% in Elementary School

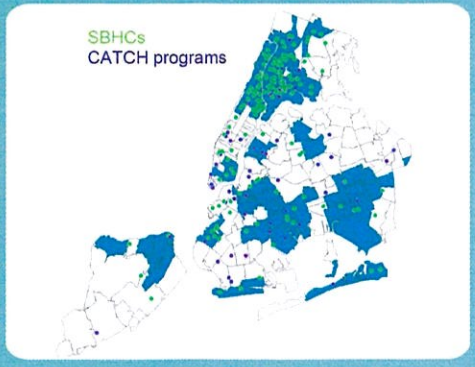
17% in Middle School

64% in High School/Multi-School Campuses

SBHCs by Borough

Bronx	64
Manhattan	40
Brooklyn	22
Queens	10
Staten Island	4

Over **90%** of students served at SBHCs across NYC live in the neighborhoods identified as most severely impacted by Covid-19 as per the Taskforce on Racial Inclusion & Equity (TRIE)



67% of City Council Districts have at least one SBHC

25% of NYC SBHCs receive city funding

NEW YORK SCHOOL-BASED HEALTH ALLIANCE
Healthy Children, Healthy Teens, Healthy Schools

NYC CHAPTER