# MAYORAL FORUM ON PUBLIC HEALTH

# CANDIDATE QUESTIONNAIRE

As part of the Mayoral Forum on Public Health, we gave every Mayoral Candidate running in the 2013 election an opportunity to submit answers to the following questions. We received responses from Sal Albanese, Adolfo Carrion, John Catsimatidis, John Liu and Christine Quinn. Their submissions follow the list of questions.

## INTRODUCTION

The coalition of community, professional and labor organizations supporting this forum came together to ensure that issues relating to public health and access to health care become a key focus in the upcoming citywide elections. The questions below address our concerns for the state of public health in the City of New York and our desire for a full airing of the positions taken on these issues by all of the candidates for Mayor of the City of New York.

Because health care issues are so wide-ranging, so complex, and so personal, this questionnaire alone is insufficient to bring attention to all of the decisions that will face our next Mayor. Therefore, the coalition will also prepare and distribute a Policy Paper addressing the full-range of concerns from our member organizations, including both those listed below and those left out for the sake of reasonable brevity.

Certainly there are long-standing weaknesses in public health in the city that remain to be addressed, some progress over the term of the current administration that should continue to be fostered, and a hundred administrative decisions to be made by the next Mayor, each of which will have a profound effect on access to care, prevention, wellness, and other issues for so many New Yorkers. We would hope anyone pursuing the opportunity to be mayor of our nation's greatest city would give attention to these issues commensurate with the impact his or her decisions will have for millions of people.

As if we needed a reminder, the drafting of this questionnaire has overlapped with the continued recovery from Hurricane Sandy, demonstrating huge fissures in the fabric of our healthcare system and leaving large numbers of people stranded and vulnerable. With four hospitals temporarily closing because of damage from the storm's surge, the resulting patchwork of care exposed the vulnerability of the health care network that we all rely on. The aftermath of this tragedy will continue for a long time.

We believe that community and labor have a critical role to play in improving health care services for all city neighborhoods, with a special targeting of low-income, medically underserved, immigrant and communities of color.

## POPULATIONS to target

We know that each ethnic population is more likely to have better health outcomes if their provider speaks their language or is knowledgeable of their culture. Too many New Yorkers are unhealthy because they have inadequate housing, are unemployed or have substandard job, lack access to quality education, nutrition, and safe areas for exercise and other factors that are described as the "social

determinants of health." Even though New York City's policy is not to ask patients about their immigration status, many undocumented New Yorkers remain underserved and uncared for. And we know that those living with physical or mental disabilities or chronic diseases like HIV/AIDS where New York City continues to have an infection rate three times higher than the rest of the country, face persistent barriers to getting the care they need when they need it. Many New Yorkers still remain unserved and uncared for, including the undocumented.

1. What are the three most important policies your administration would put in place to remove those barriers?
2. Eleven percent of the NYC disability population has dramatically more frequent diagnoses for asthma, cardiovascular disease, high cholesterol, developmental disabilities including autism, diabetes, hepatitis, and hypertension disease than those without. What would your administration do to address these disparities?
3. What are you willing to do to ensure that support, programs, and funding are prioritized to people living with chronic illnesses, such as HIV/AIDS, asthma, diabetes, mental illnesses, and others?
4. What steps can you take in the city to establish additional Early Intervention opportunities for children affected by Autism and other developmental disabilities, and their parents?

## PRIMARY CARE & UNDERSERVED COMMUNITIES

New York City is known as a "medical Mecca," yet many neighborhoods are medically underserved and the impact of health care disparities on those residents is tragic. The public and primary care safety net facilities provide care to the bulk of the uninsured or publicly insured in New York City.

1. Would you match city dollars with state and federal dollars to expand, promote and increase accessibility of primary care facilities in underserved communities? What types of programs would you support?
2. How will you direct your efforts to ensure that all New Yorkers receive culturally and linguistically competent care? How will you direct funds to provide accountability and oversight over the implementation of this targeted care?
3. Community-Based Organizations have led the way in conducting community health needs assessment, outreach and education, and enrollment in health insurance coverage. What steps will you take to ensure that CBOs are an integral part of the ongoing, permanent decision-making structure?
4. In a study of American medical schools' commitment to a social mission, New York City's medical schools ranked toward the bottom. Are you willing to use the tax exemption powers of the city to convince all health professional schools, including medical schools, that they need to do more to train a work force uniquely suited for New York City, including ensuring more underrepresented minority students are enrolled?

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH)

The Deputy Mayor for Health and Human Services currently oversees 11 agencies, including the DOHMH. The DOHMH is chartered to protect and promote the health and mental wellbeing of all New Yorkers.

1. What qualities would you look for in a Deputy Mayor for Health and Human Services and in a Commissioner of the DOHMH?

2. The current administration has proposed eliminating the Office of Minority Health. As Mayor, would you support this position and if so, what would you recommend in its place?

3. When budget cuts are necessary, the cuts targeted to DOHMH almost invariably slice critical public health programs in low-income, immigrant and communities of color. How would you open up budget-cutting conversations with a broader community beyond the City Council champions of these programs to determine priorities for funding in the DOHMH budget?

4. What mechanisms beyond public hearings would you establish to ensure that the public's needs and concerns are taken into consideration in the formulation of DOHMH policies, planning, implementation, and evaluation?

5. The DOHMH currently offers programs on fighting obesity, smoking cessation and unintended pregnancies. How will your administration seek to enhance and improve those efforts?
6. In anticipation of forthcoming state cuts how would you maintain and preserve the current level of Early Intervention Services for children and parents or their primary caregivers?

## FUNDING INITIATIVES

New York City and State face a number of decisions in the upcoming months that could prove illustrative of the types of funding questions you will encounter as Mayor. The Medicaid Waiver amendment proposal submitted by the NYS Department of Health to the federal government would bring in millions of dollars, but decisions related to the distribution of those funds in a manner that would address disparities remain. As another example, the City has also been receiving Tobacco Litigation Settlement (TSAS) monies since 1998. New York will continue to receive for 25 years with a current balance of $120 million year going to the general fund. Decisions must be made as to how best to allocate these funds for public health initiatives to benefit New Yorkers.

1. Would you target specifically a portion of the tobacco litigation dollars to support public health services?

2. For both of these examples, how would you work with diverse communities and advocates to determine which populations need additional services and to ensure that dollars are targeted to safety net organizations serving communities most in need? What steps and within what timeline would you implement this process?

3. What other revenues could be used for public health initiatives and services? How would you insure the inclusion of the public in the prioritization and definition of these public health initiatives and the provision of subsequent services?

4. What reforms would you recommend and support for the city's contracting process? How would you oversee the inclusion of cultural competency and language accessible services as a criterion in the RFP scoring rubric?

## HEALTH AND HOSPITALS CORPORATION

The HHC facilities serve a critical role in guaranteeing access to health care services in New York City, particularly for the uninsured, immigrants, and people of color. They are also the only access point of care for many New York City residents, regardless of immigration status. However, reductions in funding and staffing have strained the ability for HHC to carry out is mission and have unquestionably driven up Emergency Room use for patients who can no longer get timely appointments. With the major pieces of the *Affordable Care Act*, including both the coverage expansion and the planned cuts to the federal Disproportionate Share Hospital (DSH) funding that HHC relies on, occurring at the exact same time that the next Mayor's enters office, there will be disruptive change in the health care delivery system to which HHC must adapt.

1. HHC is governed by a board of 16 members, ten of whom are appointed by the Mayor. What criteria would you utilize in making appointments for HHC board members?

2. How would you ensure active participation by both community and labor in all levels of governance of the HHC?

3. HHC, as part of its "Road Ahead" plan, has been privatizing services. The most recent is the privatization of the dialysis services at all of the public hospitals, which many of our organizations opposed. What is your position on the privatization of public health services, particularly those that are direct patient care?

4. City funding for HHC remains critical, particularly with the anticipated loss of federal DSH dollars after 2014. Will you continue to insist on adequate city funding for the HHC budget, and resist additional cuts to HHC services during tough budget years?

5. Given the critical importance of clinical and patient satisfaction scores as factors in Medicare and Medicaid funding received by HHC, how would you ensure the meaningful input and involvement of healthcare workers who do the frontline delivery of patient care, such as doctors and nurses, to achieve high standards in these scores?

6. Staffing standards are critical in determining patient care access and patient care safety. Because of staffing reductions, many patients are waiting a long time to get an appointment. Currently, some city nurses are being forced to care for ten or more patients at a time, exceeding a safe workload. What steps will you take to ensure safe staffing levels exist in all healthcare environments - including but not limited to the City's child health clinics, schools based health centers, and home care?

# Mayoral Candidate Submission:

*Sal Albanese*

# MAYORAL FORUM ON PUBLIC HEALTH CANDIDATE QUESTIONNAIRE

## INTRODUCTION

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## POPULATIONS to target

> We know that each ethnic population is more likely to have better health outcomes if their provider speaks their language or is knowledgeable of their culture. Too many New Yorkers are unhealthy because they have inadequate housing, are unemployed or have substandard job, lack access to quality education, nutrition, and safe areas for exercise and other factors that are described as the "social determinants of health." Even though New York City's policy is not to ask patients about their immigration status, many undocumented New Yorkers remain underserved and uncared for. And we know that those living with physical or mental disabilities or chronic diseases like HIV/AIDS where New York City continues to have an infection rate three times higher than the rest of the country, face persistent barriers to getting the care they need when they need it. Many New Yorkers still remain unserved and uncared for, including the undocumented.

1. What are the three most important policies your administration would put in place to remove those barriers?
   *In an Albanese administration, the health of our city will be a top priority. As an immigrant whose father suffered from mental illness and spoke little English, and as someone who studied health education at NYU, I understand just how important access to public health services is to the prosperity of New York City. Immigration or chronic disease status should never, ever be barriers in providing people quality healthcare. It's not only counterproductive but immoral for a government to let these or other factors, like unemployment, stand in the way.*

   *In an Albanese administration, we would conduct a comprehensive assessment to determine where precisely the underserved populations are and identify the barriers each underserved constituency faces. I would invite the City or State comptroller – and where necessary, outside assessors – to measure the accountability and effectiveness of all public health services. As appropriate, we would explore and implement new policies to address each barrier, from expanded cultural competence training to targeted nutritional policies, that directly affect these communities.*

2. Eleven percent of the NYC disability population has dramatically more frequent diagnoses for asthma, cardiovascular disease, high cholesterol, developmental disabilities including autism, diabetes, hepatitis, and hypertension disease than those without. What would your administration do to address these disparities?
   *As referred to above, I would direct the Mayor's Office for People with Disabilities to assess of the needs of New York's disability population and the effectiveness of existing programs, especially those related to housing, transportation, and employment, all of which have enormous impact on access to care. My administration will take a surgical approach, ensuring city funds meant to help aren't wasted but reallocated into new and existing programs that increase access to preventative care for the disabled.*

3. What are you willing to do to ensure that support, programs, and funding are prioritized to people living with chronic illnesses, such as HIV/AIDS, asthma, diabetes, mental illnesses, and others?
   *As mentioned, public health services aimed at long-neglected communities will be a top priority in the Albanese administration. We will explore all potential sources of funding – municipal, state, federal, and private – that could help expand or establish effective services for those living with a chronic illness.*

4. What steps can you take in the city to establish additional Early Intervention opportunities for children affected by Autism and other developmental disabilities, and their parents?
   *As a former health teacher, I know firsthand how essential early intervention is to the personal health and future success of our children. One of my first acts as Mayor will be to explore how we can aggressively implement early intervention programs in health and education. There is clear and convincing evidence that many young people who come from low-income communities suffer emotional and neurological damage caused by exposure to stress and trauma. An Albanese administration would establish and expand pediatric wellness clinics throughout the city, seeking federal and private funding if necessary.*

**PRIMARY CARE & UNDERSERVED COMMUNITIES**

New York City is known as a "medical Mecca," yet many neighborhoods are medically underserved and the impact of health care disparities on those residents is tragic. The public and primary care safety net facilities provide care to the bulk of the uninsured or publicly insured in New York City.

1. Would you match city dollars with state and federal dollars to expand, promote and increase accessibility of primary care facilities in underserved communities? What types of programs would you support?
   *Yes, I would seek to match city dollars with state and federal funds in order to expand accessibility to primary care facilities. In the long-term, this is a cost-saving measure, as lack of access to primary care is a key driver in developing more serious and sometimes chronic illness. The sicker our population gets, the greater the burden on the city, its hospitals, and clinics, which costs all of us more. Nationally, the Affordable Care Act has moved us in the right direction and attempts to provide all of our citizens with adequate preventive care. I plan to engage and work with the federal Department of Health and Human Services as part of their national effort to increase access to these services. In developing new policies, I will seek the counsel and advice of qualified health experts like the people attending this forum, because the best ideas come from those working in the field.*

2. How will you direct your efforts to ensure that all New Yorkers receive culturally and linguistically competent care? How will you direct funds to provide accountability and oversight over the implementation of this targeted care?
   *When my immigrant father suffered from mental illness, we struggled to get him help until we found an Italian-speaking psychiatrist, who was a great help. My administration would ensure that health clinics, particularly in communities with a large non-English-speaking population, are staffed with individuals who have the relevant linguistic and cultural competencies. To the extent possible, we would train and position health personnel in communities with which they can best communicate. Like all of our health policies, linguistic and cultural programs will be evaluated, reformed, and expanded according to their effectiveness on the ground.*

3. Community-Based Organizations have led the way in conducting community health needs assessment, outreach and education, and enrollment in health insurance coverage. What steps will you take to ensure that CBOs are an integral part of the ongoing, permanent decision-making structure?
   *In an Albanese administration, no voice would be ignored simply because it sits outside of the governmental structure. CBOs are valued partners to the City with a uniquely local perspective that needs to be taken into consideration, and I would work to elevate their participation.*

4. In a study of American medical schools' commitment to a social mission, New York City's medical schools ranked toward the bottom. Are you willing to use the tax exemption powers of the city to convince all health professional schools, including medical schools, that they need to do more to train a work force uniquely suited for New York City, including ensuring more underrepresented minority students are enrolled?
   *As some medical schools are private entities, we would need to examine in detail the legal and broader public health ramifications of wielding the City's tax exemption powers to mandate changes. As stated above, an Albanese administration would place a high value on cultural and linguistic competence; ensuring access to training for students from underserved communities is essential to doing so effectively*

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH)**

The Deputy Mayor for Health and Human Services currently oversees 11 agencies, including the DOHMH. The DOHMH is chartered to protect and promote the health and mental wellbeing of all New Yorkers.

1. What qualities would you look for in a Deputy Mayor for Health and Human Services and in a Commissioner of the DOHMH?
   *Like all appointees in an Albanese administration, my Deputy Mayor for Health and Human Services and my Commissioner of DOHMH would need to be leading public health thinkers and skilled administrators. No Deputy Mayor or Commissioner will head any agency without the vision and field-specific qualifications required to serve the millions who depend on their good stewardship.*

2. The current administration has proposed eliminating the Office of Minority Health. As Mayor, would you support this position and if so, what would you recommend in its place?
   *The Office of Minority Health's mission of engaging faith-based communities is an important part of any plan to increase access. Whether an independent office, and the bureaucratic, non-program costs associated with it, is the appropriate way to accomplish this outreach is a question that would need to be evaluated. A more unified, well-led DOHMH should be able to promote and deliver effective services to all New Yorkers, regardless of religion affiliation.*

3. When budget cuts are necessary, the cuts targeted to DOHMH almost invariably slice critical public health programs in low-income, immigrant and communities of color. How would you open up budget-cutting conversations with a broader community beyond the City Council champions of these programs to determine priorities for funding in the DOHMH budget?
   *No discussion about the future of such essential services should be limited to the City Council. Unfortunately, elected officials are not always attuned to the needs of their diverse constituencies. We need to consult with CBOs and other health groups and conduct deep and lasting outreach in our neighborhoods to ensure that we aren't cutting vital lifelines.*

4. What mechanisms beyond public hearings would you establish to ensure that the public's needs and concerns are taken into consideration in the formulation of DOHMH policies, planning, implementation, and evaluation?
   *Occasional public hearings are an important but ultimately insufficient way to meaningfully consult with the public. I would direct my Deputy Mayor and Commissioner to lead genuine consultation efforts and establish a regular feedback loop with healthcare professionals, leading thinkers, community members, and patient groups. I would also consider establishing a policy advisory group that incorporated healthcare professionals serving communities across the City.*

5. The DOHMH currently offers programs on fighting obesity, smoking cessation and unintended pregnancies. How will your administration seek to enhance and improve those efforts?
   *As a former health teacher, I know how big of an impact well-delivered information can*

*have on persuading our children and young adults to develop a healthy lifestyle. As a City Councilman, I passed legislation to eliminate the distribution of free cigarette samples and was a leading sponsor of the bill banning vending machine tobacco products. The DOHMH's current programs have made real progress in addressing obesity, smoking, and unintended pregnancy. I would work hard to provide them with adequate resources to achieve their goals and consider new, targeted policies so that we continue to reduce obesity, smoking, and unintended pregnancy.*

6. In anticipation of forthcoming state cuts how would you maintain and preserve the current level of Early Intervention Services for children and parents or their primary caregivers?
   *While cuts are expected, my administration would aggressively lobby the state to maintain funding for these critical services. We would also pursue sustained federal funding and private funding if necessary. As stated above, early intervention services are essential to improving our city's health, education, and economic viability. Our current, crisis-oriented governance is costly and ineffective. I support an approach that invests in early and preventative health services now, rather than emergency services later.*

**FUNDING INITIATIVES**

New York City and State face a number of decisions in the upcoming months that could prove illustrative of the types of funding questions you will encounter as Mayor. The Medicaid Waiver amendment proposal submitted by the NYS Department of Health to the federal government would bring in millions of dollars, but decisions related to the distribution of those funds in a manner that would address disparities remain. As another example, the City has also been receiving Tobacco Litigation Settlement (TSAS) monies since 1998. New York will continue to receive for 25 years with a current balance of $120 million year going to the general fund. Decisions must be made as to how best to allocate these funds for public health initiatives to benefit New Yorkers.

1. Would you target specifically a portion of the tobacco litigation dollars to support public health services?
   *My administration would examine every possible avenue for funding public health services. If feasible, I would be willing to target TSAS funds to public health but cannot commit to using dollars from specific funds without reviewing the city's overall fiscal condition.*

2. For both of these examples, how would you work with diverse communities and advocates to determine which populations need additional services and to ensure that dollars are targeted to safety net organizations serving communities most in need? What steps and within what timeline would you implement this process?
   *A real Mayor is in-touch with all communities, not just a favored few. In addition to an overall assessment of municipal programs, my administration would establish an advisory group incorporating community stakeholders, healthcare professionals, and other experts familiar with underserved communities. My transition team would work from Election Day forward to develop precise plans for consultation and policy implementation. I believe that it is critical that we do not procrastinate on issues of public health.*

3. What other revenues could be used for public health initiatives and services? How would you insure the inclusion of the public in the prioritization and definition of these public health

initiatives and the provision of subsequent services?
*In addition to pursuing funds at all levels of government, I would consider establishing publicly-accountable, privately-funded services where public funds were not available. I would also evaluate other ways of raising municipal revenue, including so-called "vice taxes" that would be tied to funding of specific health programs. We would hold regular public hearings on the City budget and aggressively seek the advice of groups like those attending this forum.*

4. What reforms would you recommend and support for the city's contracting process? How would you oversee the inclusion of cultural competency and language accessible services as a criterion in the RFP scoring rubric?
*Cultural competency and language accessibility programs would be incorporated in the selection of any health service contractors. I believe that contractors should be required to provide services that are first and foremost effective and accessible to all citizens meant to benefit from them.*

## HEALTH AND HOSPITALS CORPORATION

The HHC facilities serve a critical role in guaranteeing access to health care services in New York City, particularly for the uninsured, immigrants, and people of color. They are also the only access point of care for many New York City residents, regardless of immigration status. However, reductions in funding and staffing have strained the ability for HHC to carry out is mission and have unquestionably driven up Emergency Room use for patients who can no longer get timely appointments. With the major pieces of the *Affordable Care Act,* including both the coverage expansion and the planned cuts to the federal Disproportionate Share Hospital (DSH) funding that HHC relies on, occurring at the exact same time that the next Mayor's enters office, there will be disruptive change in the health care delivery system to which HHC must adapt.

1. HHC is governed by a board of 16 members, ten of whom are appointed by the Mayor. What criteria would you utilize in making appointments for HHC board members?
*Like all of my appointees, they would be required to have meaningful experience and expertise in healthcare. They would also need to have experience with managing disruptive organizational change from an administrative perspective.*

2. How would you ensure active participation by both community and labor in all levels of governance of the HHC?
*Board members would be drawn from community health and labor health groups and required to regularly seek advice of their constituencies. Leadership committed to genuine public service would be directed to seek out the same qualities in each level of governance of the HHC.*

3. HHC, as part of its "Road Ahead" plan, has been privatizing services. The most recent is the privatization of the dialysis services at all of the public hospitals, which many of our organizations opposed. What is your position on the privatization of public health services, particularly those that are direct patient care?
*In almost all circumstances, I oppose privatization unless it can be demonstrated that the City cannot provide services effectively and competently. Too many privatized services in other sectors have been subject to waste, corruption, and low accountability. There are certain niche services, however, that may be unfeasible for the City to manage properly. In those cases, I*

*would consider private non-profit and other providers.*

4. City funding for HHC remains critical, particularly with the anticipated loss of federal DSH dollars after 2014. Will you continue to insist on adequate city funding for the HHC budget, and resist additional cuts to HHC services during tough budget years?
   *With public health as a top priority and an investment in the future, I would resist pushes to cut health services, insisting instead on finding savings that would not impact patient care.*

5. Given the critical importance of clinical and patient satisfaction scores as factors in Medicare and Medicaid funding received by HHC, how would you ensure the meaningful input and involvement of healthcare workers who do the frontline delivery of patient care, such as doctors and nurses, to achieve high standards in these scores?
   *As with every other public health program, we would develop mechanisms like advisory councils to solicit feedback from nurses, doctors, other health workers, and, importantly, patients.*

6. Staffing standards are critical in determining patient care access and patient care safety. Because of staffing reductions, many patients are waiting a long time to get an appointment. Currently, some city nurses are being forced to care for ten or more patients at a time, exceeding a safe workload. What steps will you take to ensure safe staffing levels exist in all healthcare environments - including but not limited to the City's child health clinics, schools based health centers, and home care?
   *Overworked healthcare professionals are directly counterproductive to my goal of a healthier, safer city. We would seek the resources necessary to ensure nurses and other health professionals have a manageable caseload. I see this as a fiscally prudent approach, saving the City money by avoiding malpractice suits against it and its healthcare facilities.*

November 27, 2012

# Mayoral Candidate Submission:

# *Adolfo Carrion*

Dear Friends and Colleagues,

I wish to thank you and congratulate you for putting the issue of public health forward in the 2013 contest for Mayor of NYC.

I am sorry I cannot join you for this important discussion, but I would like to share some brief thoughts with you about my priorities and some preliminary ideas that I would like to advance in the area of public health.

1. Health and wellness is a collective responsibility that goes beyond health care industry professionals. As such, we need to enlist educators and all aspects of the private sector, in addition to public officials and health care professionals.
2. Healthcare needs to be culturally and lingustically relevant.
3. The community/neighborhood health center model, partnering with major hospitals and specialties to provide a full spectrum of services, with the primary family doctor at the forefront of the delivery system is the right approach to holistic health care delivery.
4. NYC must improve living conditions in all neighborhoods, addressing issues of noise, air quality, housing, access to open space, access to healthy foods, and other quality of life concerns, if we are to fully address all issues that contribute to wellness.
5. NYC must promote health profession careers in NYC public high schools and in our public university in order to fill the need for health care professionals at every level, from aides to doctors. This would also address the dearth of minority health professionals, since the lion's share of the public school population is Latino and African-American.
6. For Deputy Mayor for Health and Human Services and Commissioner of DOHMH, I would look to appoint healthcare professionals whose experience spans the gamut of health care delivery, with experience in large urban settings, and who are committed to a holistic approach to health and wellness.
7. NYC must support and improve the Health and Hospitals Corporation at all levels. It is the critical safety net for all New Yorkers, especially those least able to afford expensive healthcare. This means full participation and representation at the staff and board level by the patients, the staff and the host communities for the facilities.

I have been a user of public health facilities as a child growing up in NYC and I have served on the board of a communty health center in the South Bronx, where we served the most needy in our city. I am committed to addressing the health needs of all New Yorkers and look forward to working with your coalition of community, professional and labor organizations to care for our fellow New Yorkers, whether as Mayor or asAdolfo from City Island in The Bronx.

Thanks and have a successful forum,

Adolfo Carrion

# Mayoral Candidate Submission:

*John Catsimatidis*

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## INTRODUCTION

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persistent barriers to getting the care they need when they need it. Many New Yorkers still remain unserved and uncared for, including the undocumented.

1. What are the three most important policies your administration would put in place to remove those barriers?

   **Improve language access and increase education on prevention.**

2. Eleven percent of the NYC disability population has dramatically more frequent diagnoses for asthma, cardiovascular disease, high cholesterol, developmental disabilities including autism, diabetes, hepatitis, and hypertension disease than those without. What would your administration do to address these disparities?

   **We need to creation an environment for education so we can have early detection.**

3. What are you willing to do to ensure that support, programs, and funding are prioritized to people living with chronic illnesses, such as HIV/AIDS, asthma, diabetes, mental illnesses, and others?
   **I have diabetes. My father had diabetes. I am committed to do the best I can to help people and provide services so that they can live long lives with a better quality of life.**

4. What steps can you take in the city to establish additional Early Intervention opportunities for children affected by Autism and other developmental disabilities, and their parents?
   **I raise money for autism. It is an epidemic and I hope we are close to finding the cause of it. I believe we need to educate mother during pregnancies and have early detection to be able to offer treatment.**

## PRIMARY CARE & UNDERSERVED COMMUNITIES

New York City is known as a "medical Mecca," yet many neighborhoods are medically underserved and the impact of health care disparities on those residents is tragic. The public and primary care safety net facilities provide care to the bulk of the uninsured or publicly insured in New York City.

1. Would you match city dollars with state and federal dollars to expand, promote and increase accessibility of primary care facilities in underserved communities? What types of programs would you support?
   **I always want to help those who are poor and in need. I used to be such a person. I think educating people on how to eat better, how to stay away from foods that are bad for you is a key to help these communities. Education is key.**

2. How will you direct your efforts to ensure that all New Yorkers receive culturally and linguistically competent care? How will you direct funds to provide accountability and oversight over the implementation of this targeted care?
   **I think we need to have a better relationship in the Mayor's office and partner with the Public Advocate to come up with a solution to best serve communities with the greatest needs.**

3. Community-Based Organizations have led the way in conducting community health needs assessment, outreach and education, and enrollment in health insurance coverage. What steps

will you take to ensure that CBOs are an integral part of the ongoing, permanent decision-making structure?
**I would create a permanent task force to continuously examine this area of concern with stakeholders and to provide direction and guidance.**

4. In a study of American medical schools' commitment to a social mission, New York City's medical schools ranked toward the bottom. Are you willing to use the tax exemption powers of the city to convince all health professional schools, including medical schools, that they need to do more to train a work force uniquely suited for New York City, including ensuring more underrepresented minority students are enrolled?
**Yes**

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH)

The Deputy Mayor for Health and Human Services currently oversees 11 agencies, including the DOHMH. The DOHMH is chartered to protect and promote the health and mental wellbeing of all New Yorkers.

**1.** What qualities would you look for in a Deputy Mayor for Health and Human Services and in a Commissioner of the DOHMH?
**Someone with a track record of successful implementation of programs for other large urban centers.**

2. The current administration has proposed eliminating the Office of Minority Health. As Mayor, would you support this position and if so, what would you recommend in its place?
**I would need to examine this proposal further before making an informed decision.**

**3.** When budget cuts are necessary, the cuts targeted to DOHMH almost invariably slice critical public health programs in low-income, immigrant and communities of color. How would you open up budget-cutting conversations with a broader community beyond the City Council champions of these programs to determine priorities for funding in the DOHMH budget?
**Do exactly that, reach out to stakeholders instead of just elected officials. I do not want any one community to be hurt by cuts.**

4. What mechanisms beyond public hearings would you establish to ensure that the public's needs and concerns are taken into consideration in the formulation of DOHMH policies, planning, implementation, and evaluation?
**Again, in conjunction with the Public Advocate, I'd set up offices on a per borough basis to make it easier for the people to voice their concerns.**

5. The DOHMH currently offers programs on fighting obesity, smoking cessation and unintended pregnancies. How will your administration seek to enhance and improve those efforts?

**The key is education in schools, and I would require that there be a class to provide the correct information so people can make better choices. I wish I had such a class about the causes of diabetes.**

6. In anticipation of forthcoming state cuts how would you maintain and preserve the current level of Early Intervention Services for children and parents or their primary caregivers?
   **I would need to evaluate where we can extract other savings from other areas of the city budget to preserve funding.**

## FUNDING INITIATIVES

New York City and State face a number of decisions in the upcoming months that could prove illustrative of the types of funding questions you will encounter as Mayor. The Medicaid Waiver amendment proposal submitted by the NYS Department of Health to the federal government would bring in millions of dollars, but decisions related to the distribution of those funds in a manner that would address disparities remain. As another example, the City has also been receiving Tobacco Litigation Settlement (TSAS) monies since 1998. New York will continue to receive for 25 years with a current balance of $120 million year going to the general fund. Decisions must be made as to how best to allocate these funds for public health initiatives to benefit New Yorkers.

1. Would you target specifically a portion of the tobacco litigation dollars to support public health services?
   **Yes**

2. For both of these examples, how would you work with diverse communities and advocates to determine which populations need additional services and to ensure that dollars are targeted to safety net organizations serving communities most in need? What steps and within what timeline would you implement this process?
   **The key here is that I want to hear from as many interested communities as I can before allocating dollars to the communities that need it the most. I would offer many ways where people can communicate with us to let us know there the needs are.**

3. What other revenues could be used for public health initiatives and services? How would you insure the inclusion of the public in the prioritization and definition of these public health initiatives and the provision of subsequent services?
   **Maybe explore limited private-public alliances.**

4. What reforms would you recommend and support for the city's contracting process? How would you oversee the inclusion of cultural competency and language accessible services as a criterion in the RFP scoring rubric?
   **I would want to include in the rubric new criterion to attract more diverse contractors.**

## HEALTH AND HOSPITALS CORPORATION

The HHC facilities serve a critical role in guaranteeing access to health care services in New York City, particularly for the uninsured, immigrants, and people of color. They are also the only access point of care for many New York City residents, regardless of immigration status. However, reductions in funding and staffing have strained the ability for HHC to carry out is mission and have

unquestionably driven up Emergency Room use for patients who can no longer get timely appointments. With the major pieces of the *Affordable Care Act*, including both the coverage expansion and the planned cuts to the federal Disproportionate Share Hospital (DSH) funding that HHC relies on, occurring at the exact same time that the next Mayor's enters office, there will be disruptive change in the health care delivery system to which HHC must adapt.

1. HHC is governed by a board of 16 members, ten of whom are appointed by the Mayor. What criteria would you utilize in making appointments for HHC board members?
   **Ability, experience and vision. I sit on the board of Columbia Presbyterian and we use a similar process to appoint our board members.**

2. How would you ensure active participation by both community and labor in all levels of governance of the HHC?
   **Encourage and invite participation whenever we can, in as many ways as we can, and to make the process easier for people.**

3. HHC, as part of its "Road Ahead" plan, has been privatizing services. The most recent is the privatization of the dialysis services at all of the public hospitals, which many of our organizations opposed. What is your position on the privatization of public health services, particularly those that are direct patient care?
   **I am hesitant to just turn over anything exclusively to a private, for-profit company. I would need to examine the pros and cons first. We just want to take care of the people who need the services.**

4. City funding for HHC remains critical, particularly with the anticipated loss of federal DSH dollars after 2014. Will you continue to insist on adequate city funding for the HHC budget, and resist additional cuts to HHC services during tough budget years?
   **Yes**

5. Given the critical importance of clinical and patient satisfaction scores as factors in Medicare and Medicaid funding received by HHC, how would you ensure the meaningful input and involvement of healthcare workers who do the frontline delivery of patient care, such as doctors and nurses, to achieve high standards in these scores?
   **I'm in the grocery business and the objective is to make the customer happy. Doctors should think of patients as customers and do whatever they can to make their customers happy.**

6. Staffing standards are critical in determining patient care access and patient care safety. Because of staffing reductions, many patients are waiting a long time to get an appointment. Currently, some city nurses are being forced to care for ten or more patients at a time, exceeding a safe workload. What steps will you take to ensure safe staffing levels exist in all healthcare environments - including but not limited to the City's child health clinics, schools based health centers, and home care?
   **The key is to find the right balance between right number of staff and keeping quality care. We need to examine what else could be contributing to the delays.**

# Mayoral Candidate Submission:

*John Liu*

# MAYORAL FORUM ON PUBLIC HEALTH
# CANDIDATE QUESTIONNAIRE

## INTRODUCTION

The coalition of community, professional and labor organizations supporting this forum came together to ensure that issues relating to public health and access to health care become a key focus in the upcoming citywide elections. The questions below address our concerns for the state of public health in the City of New York and our desire for a full airing of the positions taken on these issues by all of the candidates for Mayor of the City of New York.

Because health care issues are so wide-ranging, so complex, and so personal, this questionnaire alone is insufficient to bring attention to all of the decisions that will face our next Mayor. Therefore, the coalition will also prepare and distribute a Policy Paper addressing the full-range of concerns from our member organizations, including both those listed below and those left out for the sake of reasonable brevity.

Certainly there are long-standing weaknesses in public health in the city that remain to be addressed, some progress over the term of the current administration that should continue to be fostered, and a hundred administrative decisions to be made by the next Mayor, each of which will have a profound effect on access to care, prevention, wellness, and other issues for so many New Yorkers. We would hope anyone pursuing the opportunity to be mayor of our nation's greatest city would give attention to these issues commensurate with the impact his or her decisions will have for millions of people.

As if we needed a reminder, the drafting of this questionnaire has overlapped with the continued recovery from Hurricane Sandy, demonstrating huge fissures in the fabric of our healthcare system and leaving large numbers of people stranded and vulnerable. With four hospitals temporarily closing because of damage from the storm's surge, the resulting patchwork of care exposed the vulnerability of the health care network that we all rely on. The aftermath of this tragedy will continue for a long time.

We believe that community and labor have a critical role to play in improving health care services for all city neighborhoods, with a special targeting of low-income, medically underserved, immigrant and communities of color.

## POPULATIONS to target

We know that each ethnic population is more likely to have better health outcomes if their provider speaks their language or is knowledgeable of their culture. Too many New Yorkers are unhealthy because they have inadequate housing, are unemployed or have substandard job, lack access to quality education, nutrition, and safe areas for exercise and other factors that are described as the "social determinants of health." Even though New York City's policy is not to ask patients about their immigration status, many undocumented New Yorkers remain

underserved and uncared for. And we know that those living with physical or mental disabilities or chronic diseases like HIV/AIDS where New York City continues to have an infection rate three times higher than the rest of the country, face persistent barriers to getting the care they need when they need it. Many New Yorkers still remain unserved and uncared for, including the undocumented.

The issues affecting our public health system are important and complex and I thank you for the opportunity to submit my preliminary answers.

1. What are the three most important policies your administration would put in place to remove those barriers?

a. Language access. One of the biggest obstacles to many undocumented and underserved New Yorkers getting adequate healthcare is the lack of translation/interpreter services. One of the first bills I sponsored required certain City agencies to have translation/interpreter services. I would ensure that the mandates of this bill are fulfilled and to expand its scope, where necessary to ensure all New Yorkers have access to adequate healcare.

b. Publicity. Although undocumented New Yorkers are eligible for services despite their immigration status, many are not aware of this and of the services available to them. I will continue to work with community-based organizations and other groups that serve undocumented New Yorkers and with the ethnic press to ensure that these programs are available to undocumented New Yorkers.

c. Funding. I will fight to make sure that these programs are adequately funded in the budget.

2. Eleven percent of the NYC disability population has dramatically more frequent diagnoses for asthma, cardiovascular disease, high cholesterol, developmental disabilities including autism, diabetes, hepatitis, and hypertension disease than those without. What would your administration do to address these disparities?

I would ensure more frequent and targeted screenings for disabled population and work with CBOs/providers to make sure they can help follow up with this population.

3. What are you willing to do to ensure that support, programs, and funding are prioritized to people living with chronic illnesses, such as HIV/AIDS, asthma, diabetes, mental illnesses, and others?

I would make sure that the Department of Health has the specialists and maybe even create units within DOH to address these chronic diseases. I would also require DOH to work more closely with CBOs and other providers to make sure we are reaching the targeted populations.

4. What steps can you take in the city to establish additional Early Intervention opportunities for children affected by Autism and other developmental disabilities, and their parents?

I would create workshops with healthcare partners and specialists for parents of pre-school and elementary school children, as well as teachers. I would train educators and other providers on how to identify and address Autism and other developmental disabilities, as well as create annual list of resources available to address these issues.

**PRIMARY CARE & UNDERSERVED COMMUNITIES**

New York City is known as a "medical Mecca," yet many neighborhoods are medically underserved and the impact of health care disparities on those residents is tragic. The public and primary care safety net facilities provide care to the bulk of the uninsured or publicly insured in New York City.

1. Would you match city dollars with state and federal dollars to expand, promote and increase accessibility of primary care facilities in underserved communities? What types of programs would you support?

Yes to an extent. The State and Federal governments should be responsible for the bulk of funding for prevention, outreach and resource programs.

2. How will you direct your efforts to ensure that all New Yorkers receive culturally and linguistically competent care? How will you direct funds to provide accountability and oversight over the implementation of this targeted care?

I would expand the language access that I passed as a council member to other agencies involved in healthcare, as well as work with CBOs/providers/employers/labor organizations to make sure this mandate is implemented broadly. I would also require agencies to have some money budgeted to fund this requirement.

3. Community-Based Organizations have led the way in conducting community health needs assessment, outreach and education, and enrollment in health insurance coverage. What steps will you take to ensure that CBOs are an integral part of the ongoing, permanent decision-making structure?

I would create a taskforce to meet quarterly and ensure CBOs have regular communications with relevant City agencies.

4. In a study of American medical schools' commitment to a social mission, New York City's medical schools ranked toward the bottom. Are you willing to use the tax exemption powers of the city to convince all health professional schools, including medical schools, that

they need to do more to train a work force uniquely suited for New York City, including ensuring more underrepresented minority students are enrolled?

Yes. This is an important concern and I believe would be a legitimate use of the City's taxing power. However, I also believe that the State and Federal governments need to provide incentives to these mostly private schools.

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH)

The Deputy Mayor for Health and Human Services currently oversees 11 agencies, including the DOHMH. The DOHMH is chartered to protect and promote the health and mental wellbeing of all New Yorkers.

1. What qualities would you look for in a Deputy Mayor for Health and Human Services and in a Commissioner of the DOHMH?

I would seek candidates who have long records of providing healthcare in New York City. As a large, diverse city with a large immigrant population, the healthcare issues facing our City are different than those facing other cities and it takes someone with experience in New York City to understand these unique issues. I would also seek candidates with top credentials.

2. The current administration has proposed eliminating the Office of Minority Health. As Mayor, would you support this position and if so, what would you recommend in its place?

I do not think it is necessary to have a separate Office of Minority Health if you make addressing the issues of this community a priority. The health concerns of the minority community can be addressed by ensuring that they are adequately funded and publicized and ensuring that we have sufficient offices in the neighborhoods that serve the minority community.

3. When budget cuts are necessary, the cuts targeted to DOHMH almost invariably slice critical public health programs in low-income, immigrant and communities of color. How would you open up budget-cutting conversations with a broader community beyond the City Council champions of these programs to determine priorities for funding in the DOHMH budget?

It is necessary for the business community to understand the impact of cuts to critical public health programs affects them. Many people in low-income, immigrant and communities of color help make businesses run, working in low paying jobs, often without health insurance, such as in restaurants or security guards. The business community would be adversely affected if this vital workforce were unable to work because of healthcare issues.

4. What mechanisms beyond public hearings would you establish to ensure that the public's needs and concerns are taken into consideration in the formulation of DOHMH policies, planning, implementation, and evaluation?

As I have discussed previously, it is important to work with the CBOs and other people providing direct services to the public to find out what issues they face. It is also important to make sure we look at the ethnic press as an important source of information as to the concerns and issues facing the communities that they cover.

5. The DOHMH currently offers programs on fighting obesity, smoking cessation and unintended pregnancies. How will your administration seek to enhance and improve those efforts?

These programs are all important. I would work with the ethnic press and CBOs to ensure that all communities are aware of these important programs and are able to participate in them.

6. In anticipation of forthcoming state cuts how would you maintain and preserve the current level of Early Intervention Services for children and parents or their primary caregivers?

I think we have to understand the importance of early intervention and how it can potentially save money later. By providing this program for children, we can make those with developmental disabilities into productive member of society. By cutting such programs, we shift the financial burden to later generations who will have to provide for these people who did not get the help they needed when they were younger.

**FUNDING INITIATIVES**

New York City and State face a number of decisions in the upcoming months that could prove illustrative of the types of funding questions you will encounter as Mayor. The Medicaid Waiver amendment proposal submitted by the NYS Department of Health to the federal government would bring in millions of dollars, but decisions related to the distribution of those funds in a manner that would address disparities remain. As another example, the City has also been receiving Tobacco Litigation Settlement (TSAS) monies since 1998. New York will continue to receive for 25 years with a current balance of $120 million year going to the general fund. Decisions must be made as to how best to allocate these funds for public health initiatives to benefit New Yorkers.

1. Would you target specifically a portion of the tobacco litigation dollars to support public health services?

Yes. I believe that public health services will help to prevent more expensive and serious health issues that can arise if we adequately address them early.

2. For both of these examples, how would you work with diverse communities and advocates to determine which populations need additional services and to ensure that dollars

are targeted to safety net organizations serving communities most in need? What steps and within what timeline would you implement this process?

As discussed, it is important to work closely with the CBOs and other organizations that work directly with diverse communities and to regularly follow ethnic media to make sure we know of any public health issues that may arise as soon as possible. I would make sure we have regular meetings with these organizations immediately after taking office to ensure we are able to immediately help those communities in need.

3. What other revenues could be used for public health initiatives and services? How would you insure the inclusion of the public in the prioritization and definition of these public health initiatives and the provision of subsequent services?

Tax revenue from the proposed expansion of casinos in New York State should be considered for funding public health programs. Since many members of the public are unable to attend public hearings, I would initiate a program to ask the public to complete a voluntary survey on how public health programs can be improved.

4. What reforms would you recommend and support for the city's contracting process? How would you oversee the inclusion of cultural competency and language accessible services as a criterion in the RFP scoring rubric?

As with others, I think the City's contracting process can be made more streamlined. We also need to make sure when we issue RFPs that some of the smaller, newer organizations unfamiliar with the City's contracting process can submit bids. In contracts serving communities where language may be an issue, I believe it is legitimate to ask about how organizations have served such communities and how they are able to communicate with such communities, whether through documents or with multi-lingual personnel.

## HEALTH AND HOSPITALS CORPORATION

The HHC facilities serve a critical role in guaranteeing access to health care services in New York City, particularly for the uninsured, immigrants, and people of color. They are also the only access point of care for many New York City residents, regardless of immigration status. However, reductions in funding and staffing have strained the ability for HHC to carry out its mission and have unquestionably driven up Emergency Room use for patients who can no longer get timely appointments. With the major pieces of the *Affordable Care Act,* including both the coverage expansion and the planned cuts to the federal Disproportionate Share Hospital (DSH) funding that HHC relies on, occurring at the exact same time that the next Mayor's enters office, there will be disruptive change in the health care delivery system to which HHC must adapt.

1. HHC is governed by a board of 16 members, ten of whom are appointed by the Mayor. What criteria would you utilize in making appointments for HHC board members?

I would seek those with top credentials who have a history of providing healthcare services in New York City. I would also make sure my appointees represent the diversity of New York City.

2. How would you ensure active participation by both community and labor in all levels of governance of the HHC?

The concerns of the community and labor can be heard in the regular course of business by recruiting qualified people from those communities to work at HHC. Also, we need to work more closely with the ethnic press to make sure underrepresented communities are kept updated about HHC's work.

3. HHC, as part of its "Road Ahead" plan, has been privatizing services. The most recent is the privatization of the dialysis services at all of the public hospitals, which many of our organizations opposed. What is your position on the privatization of public health services, particularly those that are direct patient care?

While privatization may make sense in some situations, privatization of public health services is an oxymoron and makes no sense.

4. City funding for HHC remains critical, particularly with the anticipated loss of federal DSH dollars after 2014. Will you continue to insist on adequate city funding for the HHC budget, and resist additional cuts to HHC services during tough budget years?

Yes.

5. Given the critical importance of clinical and patient satisfaction scores as factors in Medicare and Medicaid funding received by HHC, how would you ensure the meaningful input and involvement of healthcare workers who do the frontline delivery of patient care, such as doctors and nurses, to achieve high standards in these scores?

It is important to work with the organizations representing doctors and nurses to hear about issues affecting their work environments. It is also important to make sure that our doctors and nurses have adequate training and resources to do their jobs.

6. Staffing standards are critical in determining patient care access and patient care safety. Because of staffing reductions, many patients are waiting a long time to get an appointment. Currently, some city nurses are being forced to care for ten or more patients at a time, exceeding a safe workload. What steps will you take to ensure safe staffing levels exist in all healthcare environments - including but not limited to the City's child health clinics, schools based health centers, and home care?

I would make adequate funding for public health programs a priority. I would also review the agencies providing public health services are not top heavy and return any savings to front line staff.

November 27, 2012

# Mayoral Candidate Submission:

*Christine Quinn*

**Mayoral Forum on Public Health**
**Answers to Candidate Questionnaire**

**Christine Quinn**

**Section I: Populations to target**

Since being elected to City Council in 1999, improving health outcomes has been a major priority for me, both as Chair of the Health Committee and Speaker of City Council. Through the programs that we have created and funded, and through the legislation Council has passed, I have worked to reduce the health disparities that disproportionately burden low-income New Yorkers, minorities, and immigrants, among others. The next administration must continue to prioritize funding for those programs and systems that strengthen the city's ability to prevent disease and reduce health disparities across the city.

During my time as Speaker, the Council has funded programs that decrease higher rates of disease in disadvantaged populations: nearly $4 million in Asthma Prevention programming; $24.7 million for a city-wide Infant Mortality Initiative, and $48 million for a variety of HIV/AIDS prevention, testing and outreach programs. Recognizing the obstacles that non-English speaking and immigrant residents face in accessing health care, we passed the Language Access in Pharmacies Act, which requires pharmacies to translate medical instructions into the seven most common languages in the city; funded translation services at HHC hospitals; and provided funding for Federally Qualified Health Centers, which serve anyone, regardless of income or immigration status.

Low-income New Yorkers are forced to juggle the costs of daily living– and medical care is often the first expense to be cut**.** In order to ease the financial burden of prescription drugs, the Council funded an expansion of HHC's prescription fee waivers for the uninsured and underinsured, and helped HHC create a standardized waiver fee process that applied across all hospitals. We have also fought to preserve our critical health safety net over the years: in response to Governor Pataki's proposed Medicaid cuts in 2003, we worked with a coalition of healthcare advocates, consumers, community groups and organized labor to successfully fight $1.9 billion in cuts, which would have eliminated access to health care for thousands of city residents and devastated New York City's health care industry. The next Mayor must continue similar efforts, and fight to support hospitals and nursing homes with large Medicaid populations, many of which can barely afford to provide the care that our most vulnerable New Yorkers rely on.

Ensuring that women receive adequate access to basic health and reproductive care has always been one of my highest priorities. This has involved securing a woman's right to privacy and information related to a variety of reproductive health decisions; in 2003, the Council passed legislation requiring pharmacies to advertise whether they sell emergency contraception, and followed up with legislation in 2011 that requires so-called crisis pregnancy centers to disclose the services provided and the availability of medical staff. In 2009, we analyzed barriers to mammography screenings throughout the city, and coupled that with funding for breast cancer screenings, education and outreach. More recently, the Council held oversight hearings to highlight the challenges disabled women face when obtaining mammograms; HHC is committed to ensuring ADA-compliance across its system.

In order to better support physically and mentally disabled populations, we will continue to advocate for sufficient funding and quality training for direct care workers, a vital and growing workforce that allows our disabled and homebound populations to receive personalized care at home, with dignity. Since 2008, the Council has provided $9.9 million for critical wraparound services for autistic children during

non-school hours, in addition to educational programs for families affected by autism. In addition to fighting to protect vital Medicaid funding for Early Intervention services, the city must develop strategies on how to identify and serve the city's growing population of children with developmental disabilities, so that families can access needed services in a variety of health and non-clinical settings.

Health is not only determined by the care someone receives from a doctor, but also by access to things like a quality education, a good job, stable housing, and a safe neighborhood. In addition to investing in programs that address chronic disease and health care access, as Speaker, I have sought to address health in a comprehensive way. Our Gun Violence Task Force is making communities safer for all residents, which will not only provide at-risk youth with the necessary emotional and social support to live safer, healthier lives, but also make it easier for residents to be physically active in their own neighborhoods. Our community schools work looks to integrate health and social services into schools, so that students and families can access health services in a convenient, familiar environment, while enhancing students' connection to their school and improving their educational experience. Our Food Retail Expansion to Support Health (FRESH) initiative provides tax and zoning incentives to retailers who open grocery stores in underserved neighborhoods, making neighborhoods more economically viable, while increasing residents' access to healthy food. In addition to funding asthma outreach and education, we have reduced environmental asthma triggers by passing city-wide legislation that phases out diesel burning school buses and the use of dirty heating oil in the city, which is one of the greatest contributors of harmful particulate matter.

These interdisciplinary strategies create healthier communities and healthier residents, and they require interagency cooperation. The next administration should ensure close programmatic alignment and cooperation between agencies that are charged with caring for our most vulnerable residents, whether that agency's core mission is to provide education, public housing, job training or government benefits. We know that these factors impact health, so all relevant agencies must be at the table to develop systems and programs that support New Yorkers in a comprehensive way.

**Section II: Primary care and underserved communities**

Increasing access to primary care has been one of my priorities throughout my tenure as Speaker of the City Council, and it is critical to reducing the health impacts and fiscal burden of chronic disease. In 2007, I launched the Primary Care Initiative, which led to a thorough Community Health Assessment followed by a $27 million capital and expense allocation for primary care infrastructure throughout the city. Access to regular, quality care is an investment in the health of New Yorkers and in our overall health system, as primary care can reduce additional health complications that lead to costly hospital stays and emergency department visits. We continue to invest in innovative models of health care delivery that increase New Yorkers' access to – and use of – primary care, as illustrated by providing medical equipment for the Freelancers Union's recently-opened clinic, which provides patient-centered, coordinated care for freelancers throughout the city. I believe the city must also continue to make smart, coordinated investments in primary care facilities that are aligned with funding from the state and federal government.

Yet primary care infrastructure alone is not enough to engage all New Yorkers in the health care system; community based organizations (CBOs) are critical partners in those efforts. CBOs were vital to the success of our Primary Care Initiative, which was able to engage communities throughout the city in a needs assessment process. Issue-specific task forces – with a diverse membership representing all

stakeholders – can be an effective tool in developing public health policy that reflects the knowledge of the experts, including local advocates, providers and CBOs. Additionally, District Public Health Offices, based in communities with the most urgent health needs and highest levels of health disparities, should be formally structured so that all health assessment, outreach, programming and evaluation is closely coordinated with local CBOs, with formal methods of relaying information back up to DOHMH, HHC, and the Mayor's Office.

We must ensure that health care is provided in way that is respectful of the myriad cultures, languages and backgrounds of this diverse city. As Speaker, I passed the Language Access in Pharmacies Act, which requires pharmacies to translate medical instructions into the seven most common languages in the city; funded translation services at HHC hospitals; and conducted oversight hearings regarding HHC's cultural competency training. The next administration should ensure that all city agencies providing health and human services can guide residents through the system in a culturally and linguistically competent way. The same must be true of our health care system, and it is necessary for the city to train a medical workforce that can serve all of New York's communities and patients. We must ensure high quality, culturally relevant training for bilingual and diverse health professionals, and the City should continue to emphasize the importance of as well as incentivize medical schools to train a diverse, linguistically competent workforce. The City should also take advantage of various state and federal programs to increase the number of practitioners where there are shortages, as the Council did by applying for federal Health Professional Shortage Areas (HPSA) designations to recruit and retain health professionals in eight underserved communities.

**Section III: DOHMH**

Anyone who serves as the Deputy Mayor for Health and Human Services or the Commissioner of DOHMH should have an expertise in social services and public health, combined with a compassionate understanding of the diverse needs of New Yorkers. The individuals filling both posts would ideally have a background working with high risk populations and the CBOs that support them, so that agency efforts to improve New Yorkers' lives is based on relevant experience. The Commissioner of DOHMH should have the medical background necessary to develop innovative policies and programs that improve health on a population level, as we have seen throughout this administration.

Effectively meeting its mission of protecting and improving the health of New Yorkers must be an ongoing priority for DOHMH. Reducing health disparities is absolutely central to that mission, and the Office of Minority Health is an important mechanism for engaging high-risk populations in efforts to improve health outcomes in minority communities. Additionally, the next Administration must ensure that the public's voice is integrated into DOHMH's operations, both budgetary and programmatic. There are a variety of ways to envision that interaction – issue-based task forces, community advisory boards, District Public Health Offices that enable bottom-up communication – but regardless of the exact method, the Mayor and Commissioner should set the tone for a receptive, participatory DOHMH.

DOHMH has tackled a wide breadth of issues under the current Mayor, many in close partnership with the Council. Whether passing a series of laws banning smoking in various public locations in the city; funding programs that enable low income New Yorkers to use food stamp dollars at farmers markets; or coordinating a public-private partnership that expanded free rapid HIV testing for thousands of HHC patients, we have used a variety of tools to create a healthier environment throughout the city, and provide New Yorkers with the information and ability to make healthy choices for themselves. The next Mayor, Deputy Mayor of Health and Human Services and Commissioner of DOHMH must work together

– and with a variety of stakeholders – to creatively address the top health priorities of New Yorkers. Effective, innovative and compassionate strategies must be developed to reduce the burden of disease on the population, and minimize the strain it puts on the city and health system.

**Section IV: Funding Initiatives**

As Chair of the Health Committee and Speaker of City Council, I have prioritized health funding over the years. Whether that funding provided $27 million for primary care infrastructure, or $9.9 million for Autism Awareness or restored funding for STI clinics in danger of closing, I have fought to develop, enhance and preserve the programs that are necessary to keep New Yorkers healthy. The next administration must work to insure that funds are allocated in a way that addresses disparities in care and fills the current gaps in health services that exist in many communities. The Council actively engages practitioners and experts to inform legislative, policy and budgetary processes and vocalize the needs of all communities; on-the-ground expertise must be used to guide decisions in the next administration.

The months since Hurricane Sandy have illustrated the importance of having the flexibility and ability to respond to an emergency situation that required the allocation of funding. We do, however, need to think creatively about how we use the current sources of public health and hospital dollars in the city; funding like that received as part of the state's Medicaid Waiver application is often allocated by the federal and state government, and the city must actively advocate around how those dollars can be used in our city to the maximize the health of our residents and our health system.

As with all city contracting services, we must continue to streamline the RFP and reimbursement process. Small businesses and non-profits – many of whom are best equipped to provide localized, targeted services for the diverse communities of New York – are burdened by the contracting system, and this may result in the city losing high quality providers. When it comes to providing health and human services, the next administration should work with CBOs to develop robust cultural and linguistic competency criteria for all RFPs, so that the providers who receive city contracts are well-suited to serve their clients.

**Section V: HHC**

The HHC system is vital to providing care for New Yorkers in need, regardless of their income, insurance status or background. Over the years as Speaker, we have committed $168.1 million to HHC, fighting to close gaps in their budget. Given the critical and comprehensive nature of the services provided by HHC, we must continue to support the system; cuts not only harm vulnerable communities that rely on these hospitals, but also lead to increased costs in chronic disease, emergency department use and hospital readmissions that the city simply cannot afford. That's why the city must continue to support HHC, but must also collaborate with the federal and state government and local providers who are implementing new patient-centered medical home models that seek to improve care and reduce costs by providing coordinated care across a variety of settings.

America's health care delivery system is changing drastically, and HHC needs a board with the skills necessary to lead the city through this era. The board should have a diversity of health backgrounds and experiences, representative of all players in a functioning health care system: physicians from various specialties; labor representatives; community health experts; city administration representatives who thoughtfully coordinate efforts between HHC and relevant agencies; health administrators who can

navigate the fiscal challenges facing our city's hospital system. Board members should possess a deep knowledge of – and relationships with – the communities HHC serves. Not only will this ensure the delivery of culturally competent care, but it will also facilitate stronger connections between hospital and community, so that New Yorkers can receive continuity of care across multiple settings. Leaders of the hospital system must be innovative thinkers, creating the systems that allow HHC to adapt to and grow with the shifting times.

Those on the front lines of health care delivery – our physicians, our nurses, our allied health workers – should also be actively engaged in ensuring the highest standards of care for our patients. Labor management committees must include direct input from all levels of health professionals, and the expertise of our practitioners should be used in order to determine the guidelines of reimbursement from Medicaid and Medicare. Without a thoughtful and complete involvement of the workforce that provides care to our patients, the city's hospitals cannot meet the standards set by federal reform. Health care professionals should also be one of several stakeholders involved in assessing current issues in staffing levels, determining current and optimal ratios, and suggesting tailored solutions when systematic problems are evident.

As Speaker, I have worked to ensure that a careful and transparent cost/benefit analysis is conducted before any city service is contracted out. Not only does this give workers currently providing the service a fair chance to compete for the contract, but it also helps safeguard the health of New Yorkers. In 2011, we passed the Outsourcing Accountability Act, which strengthens and expands the types of analyses to be conducted before privatizing certain services; now more agencies must provide additional notice requirements and more documentation of the cost/benefit analysis. While this law does not cover HHC because it is under state jurisdiction, I believe that HHC should adopt similar analysis procedures. This would ensure that any contracting decision that might displace current workers or jeopardize the health of New Yorkers would be held to the highest standard of analysis and transparency and cost benefit analysis. The next administration must continue to prioritize patient safety above all else.