
THE BRONX HEALTH LINK, INC.



**STATEMENT OF JOANN CASADO,
EXECUTIVE DIRECTOR,
THE BRONX HEALTH LINK, INC.**

**Health and Hospital Corporation Annual Public Hearing – The Bronx
November 10, 2010**

Thank you for the opportunity to submit testimony for this hearing. The Bronx Health Link, Inc. is a clearinghouse of information for members of the health and human service delivery system of the Bronx. We reach thousands of community members, agencies and other through our electronic mailing list, workgroups, advisory boards, task forces, community based workshops, conferences and forums held throughout the year to inform, educate and organize around issues of importance in the field of health care.

We would like to address four concerns about HHC policies. We recognize that it is extremely difficult to expand medical services while the HHC budget is being seriously reduced. However, we believe that the proposals we are offering (many of them reiterated from our testimony last year) have low or no costs, but will make a significant difference in the quality of care for community residents who depend on these facilities as their sole source for vitally needed services.

1) Importance of Expanding HHC Programs That Ensure Culturally and Linguistically Responsive Medical Care Services

We appreciate that HHC is making efforts to provide translation services at its medical facilities to accommodate the many linguistic groups in New York City. However, we believe that more must be done, even with the current budget constraints. In particular, it is imperative for HHC to prepare for the release of the 2010 Census data that will surely document the continued major growth of immigrant groups in the Bronx, which includes many whose primary language is not English.

Our 2009 survey of South Bronx residents, similar to findings from previous surveys and focus groups we have performed, found that many patients who are not primary English speakers are ill-served by current health care programs. They do not have sufficient or any written materials in these languages, and that even when the preceding are available, they find that many of their care providers are not able to communicate with them about medical matters in a manner that is respectful of and cognizant of the cultural needs of the community that they are serving.

Last year, we also conducted a focus group of Mexican immigrant in the Bronx, to look at barriers to accessing prenatal care. A large number of participants described negative experiences during and after the births of their children in hospital settings. Their experiences

signal a dire need for improvement of the services offered in the Bronx, particularly in terms of customer service and cultural competence.

The Bronx Health Link recommends that Bronx health care providers, in this case HHC: review customer service standards, retrain staff accordingly, and implement mechanisms to ensure compliance; and provide sensitization and cultural competence training to providers and other staff, focusing on emerging immigrant groups in the Bronx. There needs to be a clear understanding that having native Spanish speakers on staff is not sufficient to ensure culturally and linguistically competent services.

In addition, some people are not literate in any language. For these and other reasons, many of these patients are often unclear about what services are available to them and their rights as patients. In our South Bronx surveys, 77% of respondents who were currently insured said they would like help in applying for insurance in the future.

For all these reasons, we strongly support the following proposals:

- a) Primary care facilities including HHC should hire "patient navigators" to guide patients through the system. We would urge that such navigators be recruited from the community.
- b) HHC facilities should make much greater use of visuals and drawings to illustrate medical information. We support continued involvement of the community in planning, development and implementation of all initiatives to improve community health education and promotion.
- c.) We support HHC's efforts to expand its simultaneous electronic interpreter system. There must be communication and understanding between patient, family, and caregiver.

2) Need for Heightened Efforts to Ensure Sensitivity for LGBT People and Strong LGBT Anti-Discrimination Measures

The recent horrendous incident of torture of gay men in the Bronx, coming shortly after the highly publicized suicides of gay men nationwide, reminds us of the pervasiveness of homophobic discrimination in our society. With that in mind, The Bronx Health Link is more concerned than ever about the findings of the Public Advocate's study released in December 2009 finding that at HHC facilities:

- "The healthcare environment is heterocentric and gender-normative. Providers lack knowledge about health disparities affecting LGBT people.
- LGBT individuals experience hostility and discrimination in care.
- Concerns about homophobia and transphobia keep LGBT individuals from using healthcare services.
- Voluntary training does not reach all staff."

Last year, we conducted our own focus group of Bronx lesbians about their experiences in obtaining OB-GYN and prenatal care, and heard similar concerns. Numerous participants reported that at best some health care providers do not understand the special needs of lesbians, and at worst, are insensitive to them because of their sexual orientation.

Therefore we would recommend that HHC systematically conduct LGBT sensitivity training for its employees, heighten efforts to enforce the City's nondiscrimination policy within its facilities, and report back to the community periodically on progress toward implementing such measures. Given recent events in the Bronx, it would particularly important that HHC facilities in that borough be given first priority for this type of training.

3) Breastfeeding Support and Education Services

Our own work and many studies have confirmed that rates of breastfeeding can be increased by systematic education and support. We want to applaud the excellent work on breastfeeding promotion and education that continues to be done by Morrisania D&TC and Jacobi Hospital. We support HHC's initiative announced in 2008 to eliminate baby formula giveaways and strengthen breastfeeding education and support services at HHC facilities. We applaud the advances that have occurred in this direction by Lincoln Hospital. .

In order to achieve the standard recommendation of six months of exclusive breastfeeding, women need access to breast pumps. We recommend that HHC advocate with Medicaid and private insurers to offer coverage of quality breast pumps to all nursing mothers.

4) Providing Pregnant Women Information about Hospitals' Cesarean-Section Rates

The evidence is overwhelming that the percentages of births nationwide that involve Cesarean sections are much higher than those which can be justified by clear medical need, especially given the serious risks of this procedure. While current state law requires each hospital to provide statistics on its Cesarean-section rate upon request, that information only has value to the extent the women affected know it exists. Thus we urge that HHC facilities serving women during the preconception period and women who are pregnant be mandated to automatically include such pamphlets in their standard information packets provided to clients. This information should be provided in the language of preference of the woman receiving care and in those cases where literacy is an issue, we recommend that the information be read to the women.

Beyond giving women copies of mere statistics, we recommend that HHC facilities providing prenatal care also offer culturally appropriate pamphlets and brochures explaining the risks and benefits of C-sections. This should include a summary of what will happen to them during and after the surgery and what the long term consequences can be. In this way, women will make their choices based on facts and not fear, pain or pressure. This step may also begin to have an impact on the rate of unnecessary C-sections.

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