
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 5, 2009

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. Under contract with the New York City Department of Health and Mental Hygiene (DOHMH) under the Infant Mortality Reduction Initiative and a contract with the NYS Health Department to operate the Perinatal Information Network, we work extensively with the community and health care providers to improve birth outcomes, prenatal care and the reproductive health of Bronx women.

We would first like to complement HHC on two important initiatives. HHC Options is a noteworthy charity care policy to provide coverage to the uninsured, undocumented immigrants and others who lack basic health care access. We also appreciate that HHC worked closely with a network of community-based organizations around the city, which included the Bronx Health Link, on the Child Health Initiative and the celebrations of the 100th Anniversary of the clinics.

We would like to address five concerns about HHC policies.

1) Budget Cuts to HHC

We recognize the devastating impact of state budget cuts, plus the structural deficit, on HHC's ability to maintain its level of services. Nonetheless, we are concerned that the first round of cuts had a particularly serious impact on primary care services. These services are vital and if anything should be expanded, not reduced. Our surveys in the South Bronx completed last year on behalf of HHC found that the vast majority of people find it important to obtain medical services in or near their neighborhood, yet large percentages do not have that access for all of the services they need. These findings were common to those found in other boroughs who also participated in this project with HHC.

In particular, 29% reported difficulties accessing mental health counselors in their neighborhood. The Primary Care Initiative final report correctly highlighted the urgent need to expand primary care in a way that will meet the most pressing needs. Thus, we remain committed to increasing primary care services. We remind HHC of the survey findings and the endemic need for primary care services throughout the city.

The Primary Care Initiative was a highly successful collaborative project, where CBOs, such as the Bronx Health Link and others, worked with HHC to assess community needs using the resources and trust of local agencies. We know that HHC has hired a consultant firm to conduct a budget review that would form the basis for proposing additional cuts; notwithstanding prior successful ventures with the community, HHC has elected not to solicit the views from HHC's Community Advisory Boards (I sit on Morrisania's CAB) or of CBOs that work in health care and in the community. There is tremendous value in seeking community participation in developing plans for the provision of health care services, particularly in a time of austerity. We urge HHC to change its policy on the budget review process going forward.

When it comes to advocacy efforts to minimize budget cuts, HHC has done an exemplary job of including unions and CAB members in efforts to educate legislators, but this has not yet extended to the general public. We would urge HHC to engage in efforts to partner with CBOs and speak to the public at large about the devastating effects of both the existing cuts and those proposed in the future. The same applies to working to stave off unwise Congressional measures to reduce Disproportionate Share Hospital funding, coverage of immigrants, and other vital safety net programs. We at the Bronx Health Link stand prepared to work with HHC on such advocacy efforts and will help publicize to our network any efforts to defend HHC's budget from further cuts, whether at the city, state or federal levels.

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

Our survey last year 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. Currently many health care programs do not have a consistent available pool of professional translators available to assist community residents with translation services in the language of their preference. 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 mothers of small children 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 prenatal care providers including 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 the Mexican community and other 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 confused by the bureaucratic procedures and hurdles they must surmount to obtain care and often are unclear about what services are available to them. 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 to match them with the care they need. We would urge that such navigators be recruited from the communities near the facility.
- b) HHC facilities should make much greater use of visuals and drawings to illustrate complex medical information. Again, we recommend that community members be recruited as advisers on how to do this most effectively. We support continued involvement of the community in planning, development and implementation of all initiatives proposed under this plan.
- c) Continuing Medical Education credits should be mandatory for doctors and nurses in the field of cultural competence. Again, local community educators should be involved in the planning, development and implementation of this training process.
- d) We support HHC's continued efforts to seek funding for expansion of its simultaneous electronic interpreter system to help patients who are not primary English speakers. If there is no communication between the health care staff and the patient, it can lead to, and has led to, miscommunication and an inability of the patients to follow what he/she is being told. It is most definitely primary prevention when there is communication and understanding between patient, family, and caregiver.

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

The Bronx Health Link is concerned about the findings of the Public Advocate's study released last December 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.”

Earlier this 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.

4) Breastfeeding Support and Education Services

Our own work and many studies have confirmed that rates of breastfeeding, which is so crucial to the health of the developing baby and indeed to the mother, can be increased by systematic education and support. We support HHC’s initiative announced in 2008 to eliminate baby formula giveaways and strengthen breastfeeding education and support services at HHC facilities. We are pleased that Harlem Hospital is a Baby-Friendly Hospital. While we understand that HHC is working on moving several other hospitals in that direction, we would urge more rapid efforts to make all HHC facilities fully Baby-Friendly.

In addition, we recommend that all HHC staff who deal with pregnant women should be trained about breastfeeding so that women seeking prenatal care have ready access to the provision of information. 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.

5) 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. New York City rates of C-section parallel national percentages. In 2007, 32% of all city births were performed by C-section; in the Bronx, for the same period, the percentage was 30, in both cases far above the World Health Organization’s guideline that rates should not exceed 15%. Exceeding this recommended WHO goal can result in a higher risk of doing more harm than good to both the mother and the infant.

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.

The New York State Maternity Information Act (MIA) passed in 1989 requires each hospital to provide consumers with a pamphlet that lists the rate of C-sections at that hospital in the most recent year available. However, the Public Advocate's survey as of early last year found that a quarter of New York City hospitals had not yet produced such pamphlets. We urge HHC to insure that all of its hospitals follow this requirement.

In addition, the Public Advocate's report made this recommendation: "The NYS Department of Health should provide leadership in meeting the goal of a Cesarean delivery rate of no more than 15 percent set by the World Health Organization. While the recommendation made reference to the State Health Department, we believe that HHC also has a key role to play in setting standards for its large array of medical facilities.

Final Note: The Importance of Health Equity

Finally, our community work and research at the Bronx Health Link has increasingly highlighted the fact that issues of health equity lie at the heart of the most entrenched medical issues facing the Bronx. For that reason, we recently issued a *Health Equity Report* that analyzed maternal and infant health in our borough through that prism, and drew together many recommendations for action to address these problems. We urge you to study the recommendations that apply to HHC facilities.

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