

Testimony

**In support of the New York Health Act, Assembly Bill 5248/Senate Bill 3577
The Bronx Library Center, October 23, 2019**

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Thank you for this opportunity to speak of members of the New York State Assembly and Senate in support of the New York Health Act, a proposal that would replace traditional commercial insurance coverage and public health coverage programs with comprehensive single-payer health coverage, including long-term care, for all New Yorkers that would greatly benefit residents of the Bronx, who in 2017 reported in the New York City Department of Health's Community Survey that 12.7% of our adults were uninsured (18.7% if not born in the U.S.), 13.1% did not get needed medical care, and 16.2% had no personal doctor, the latter two rates were the worst in the five boroughs.

My name is Paulette Zalduondo Henriquez. For the last 18 months I have served as the Executive Director of the Bronx Health Link. Before becoming Executive Director, I have worked in the Bronx for Lehman College for nine years and the Bronx Zoo (now the Wildlife Conservation Society) for 8 years, and for Bronx Community College for two years.

Founded in 1998, the Bronx Health Link is a non-profit, public health education and advocacy organization that represents a public-private partnership between the Bronx Borough President and the borough's voluntary hospitals (including Bronx Care, Montefiore Medical Center, and Saint Barnabas Hospital), federally-qualified health centers (including the Bronx Community

Healthcare Network, Morris Heights Health Center, and Urban Health Plan), and its sole medical school, the Albert Einstein College of Medicine. The mission of the Bronx Health Link is to “amplify the voices of Bronx residents and community-based organizations so they can achieve health equity by connecting to health providers, researchers, and policymakers.” For most of its 21 years the Bronx Health Link has concentrated on maternal and child health.

According to the Census Bureau, the Bronx is the poorest urban county in the United States. Since 2010 when the annual county rankings began, they have been sponsored by the Robert Wood Johnson Foundation and compiled by the University of Wisconsin’s Population Health Institute. In every single year for a decade now, the Bronx has been ranked last at 62nd among New York’s 62 counties in Health Factors and Health Outcomes, that is last in Quality of Life, Clinical Care, Social and Economic Factors, and Physical Environment, what we now call the Social Determinants of Health.

Let me share with you the latest infant and maternal mortality vital statistics for the Bronx. In 2017 the Bronx infant mortality rate (IMR) was 5.4 deaths per 1,000 live births compared to our 3-year average (2015-2017) of 5.0 deaths per 1000 and New York City’s 4.3 deaths per 1000. The IMR for African American mothers in New York City was 7.8 per 1000, Puerto Rican mothers 6.3 per 1000, Haitian-born immigrant mothers 7.6 per 1000, Jamaican-born immigrant mothers 6.5 per 1000, Pakistani-born immigrant mothers 6.4 per 1000, and Ghana-born immigrant mothers 6.3 per 1000. We have a dramatic disparity in birth outcomes for these groups. Maternal mortality in the Bronx

over 3-years ending 2015 was 30 per 100,000 live births, 50% higher than New York City's 21.9 per 100,000 and New York State's 20.4 per 100,000. The New York Health Act must find ways to reduce and eliminate these racial and ethnic disparities in infant and maternal health outcomes.

The Bronx Health Link wishes to applaud the initiative of the Assembly and Senate in proposing a New York single payer health insurance plan that would cover all Bronx residents regardless of their immigration status, which contributes to our high rate of uninsured adults (second only to Queens County). The New York Health Act is designed to reduce the rate of uninsured so fewer New Yorkers forego needed medical attention and more have their own personal doctors for essential primary care.

However, most estimates of life expectancy attribute 10-20% to the contribution of medical care to a healthy long life, while the majority contribution is that of these social determinants of health where the Bronx consistently ranks behind all other New York counties. To promote overall health and longevity, we hope that the New York Health Act will find a means to promote health and disease prevention more effectively than our current health insurance coverage. Because the Bronx Health Link has been most focused on Maternal and Child Health and the prevention of infant and maternal mortality, I will limit my remarks to that area but paying for preventive services, such as those identified and graded by the evidence supporting them by the U.S. Preventive Services Taskforce are essential. In the case of pregnant women and new mothers this means finding fair and effective means for covering doula and midwifery

services and group prenatal care (such as Centering Pregnancy), as well as home visiting and case management services provided by community health workers and patient navigators. To promote breastfeeding, coverage for certified breastfeeding and/or lactation consultants is essential for eliminating the disparities in breastfeeding rates among low income women and non-immigrant women of color. Currently, programs such as Healthy Start and the Nurse-Family Partnership use grants to pay for these services, but with universal coverage under the New York Health Act, these evidence-based infant and maternal mortality prevention services could be provided to many more New York women and families. Similarly, those leading fatherhood programs could be directly reimbursed, and maternal safety bundles and pregnancy-related home visiting could extend to one-year post-partum.

I would encourage the Assembly and Senate Committees to see the New York Health Act fully integrate individual preventive and medical services throughout the life cycle by broadening the coverage for those in the health care workforce who largely serve low income and communities of color, such as breastfeeding and lactation consultants, childbirth educators, community health workers, doulas, health educators, midwives, and patient navigators.

Thank you for considering mechanisms for addressing the social determinants of health through the comprehensive *health* insurance proposed by the New York Health Act.