



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Dave A. Chokshi, MD, MSc
Commissioner

Testimony

of

**Dave A. Chokshi, MD, MSc
Commissioner
New York City Department of Health and Mental Hygiene**

Before the

New York City Council

Committees on Health, and Mental Health, Disabilities and Addiction

on

Fiscal Year 2023 Preliminary Budget

March 9, 2022
Virtually
New York, NY

Good afternoon, Chairs Schulman and Lee, and members of the Committees on Health, and Mental Health, Disabilities, and Addiction. I am Dr. Dave Chokshi, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Ashwin Vasani, Senior Public Health Advisor to the Mayor and the City's incoming Health Commissioner, Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer, Sami Jarrah, Deputy Commissioner for Finance, and other members of the Department's senior leadership team. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2023.

As this is my last time testifying in front of these committees as Health Commissioner, I would like to start by taking a moment to thank you and the entire City Council for your partnership over the last year and a half, and for your ongoing care and commitment to the New Yorkers we serve.

To say this has been a challenging two years would be an understatement. The Health Department has been activated in its Incident Command Structure since January 2020 for COVID-19, and our staff have collectively worked over 3.5 million hours on the response, while doing their "day jobs" of controlling other disease outbreaks, preventing HIV, implementing evidence and equity-based policies to address maternal mortality, child health, asthma, and mental health issues, and inspecting our restaurants, child care centers, and cooling towers, to name a few. Our staff are true public health heroes, and I can't wait for you to learn more about their work during your time on the Council.

Concurrently with our COVID-19 response work, we have launched new programs that have drawn the interest of public health agencies across the world—and often their emulation. Let me give you an overview of what we have accomplished over the past year, by highlighting just a few pieces of our work.

First, to further our core value of equity in all of our work, we took immediate action to fulfill last October's Board of Health resolution on racism as a public health crisis. The Health Department has begun developing and implementing priorities for a racially just recovery from COVID-19, and short- and long-term strategies to address the impact of racism on the health of New Yorkers. Our focus is on action and results. For example, last summer, only 14 (or 19%) Taskforce for Racial Inclusion and Equity (TRIE) neighborhoods had a vaccination rate of 70% or higher. But thanks to our comprehensive and focused efforts, as of early this year, 73 of 74 (over 98%) zip codes in the TRIE neighborhoods are at least 70% vaccinated.

A major reason for these results is our new Public Health Corps – a groundbreaking program designed to employ and deploy trusted community members to better link New Yorkers to the clinical, public health and social services they need. Through the Public Health Corps, more than 500 community health workers have already begun leveraging existing relationships with houses of worship, local businesses, and community groups to build a network committed to creating a healthier neighborhood. Collectively thus far, the Public Health Corps teams have reached millions of New Yorkers with COVID-19 prevention information and resources via more than 24,000 outreach events. But their work does not stop there.

Going forward, their work includes providing education on chronic disease prevention and management, like working with residents to re-fill hypertension prescriptions or conduct environmental assessments for asthma triggers in their home, then arrange for addressing any issues. The Corps members may facilitate education sessions on healthy foods, cooking demonstrations, or farmers market tours; they can connect patients with primary care physicians for diabetes management or even accompany a patient to a diabetes prevention course. We have invested over \$125 million in this work with Community Based Organizations (CBOs) thus far, and through these key investments, we are advancing health equity directly on the ground with community members. This holistic view of health is

fundamental to ensuring that all neighborhoods in New York City are able to not just recover from this pandemic, but flourish.

And then in November 2021, the City announced the operation of the first sanctioned Overdose Prevention Centers (OPCs) in the country. 2020 was the deadliest year on record for drug overdoses, both in NYC and nationally, and over 2,000 New Yorkers died of an overdose that year – more deaths than from homicides, suicides, and motor vehicle crashes combined. We needed bold action around preventing overdose, going even further than the many evidence-based initiatives already implemented by the Health Department. The two operational OPCs have already averted over 100 overdoses, while offering connections to harm reduction and other health services, including substance use disorder treatment, and addressing community concerns around syringe litter and public drug use.

Before I turn to the specifics of the fiscal year 2023 preliminary budget, I want to drive home the fact that robust investment in public health is more critical now than ever. We have all heard a lot about healthcare delivery over the past two years, in the context of COVID-19: issues like supply shortages, hospital capacity and nursing shortages have driven much-warranted renewed public investments in healthcare infrastructure. And while this is fundamentally important, public health – because of its focus on upstream prevention – is separate, though complementary, to healthcare delivery. I like to remind folks of the adage – “public health saved your life today, you just didn’t know it.”

Our work is quiet, often behind the scenes, and not always the star of the show. But when it’s properly resourced, driven by data and equity, and executed with expertise like ours, public health not only prevents death and illness, it also improves the quality of our lives, and unlocks opportunity for individuals and communities. We saw this with our historic COVID-19 vaccination campaign, estimated to have saved 48,000 lives and prevented over 300,000 hospitalizations, according to an analysis done by Yale epidemiologists supported by the Health Department. More difficult to measure is all the ways that this public health campaign allowed the rest of society to function and flourish—from fully reopening schools to enabling the fledgling economic recovery by averting further lockdowns.

In this way, public health is always a smart investment long-term – it often saves money, generates economic growth, and will make us a healthier, more resilient city for the future. In another example, recent data shows that our anti-smoking campaigns have resulted in thousands of people quitting smoking and have saved the health care system and society \$32 for every \$1 spent, by avoiding emergency hospitalizations, ambulance rides, Medicare costs, and more. And it’s estimated the NYC Poison Control Center saves \$55M annually in healthcare costs by preventing unnecessary emergency department visits.

I could provide many more examples, but these illustrate the need to consider public health funding as an investment in basic infrastructure, like roads and bridges, but for our city’s health and economic wellbeing. As I turn to the Preliminary Budget, I’d like to thank Mayor Adams for his support and commitment to the public health of all New Yorkers.

City

I will now speak to the Preliminary Budget. The Department currently has approximately 7,000 employees and an operating budget of \$1.98B for fiscal year 23, of which \$958M is City Tax Levy (CTL). The remainder is federal, state, and private dollars. And we are excellent stewards of the City’s money – I like to say we “double every dollar” – because every CTL dollar the Administration and City Council invests in DOHMH is effectively doubled by outside dollars the agency attracts.

In this budget, the Department received \$29.5M in CTL in FY23 for new needs. This funding baselines the New Family Home Visiting program. Launched in 2021, New Family Home Visiting provides evidence-based home visiting services via trained health care workers—from breastfeeding support and creating a safe home, to mental health screenings, to doula services. The program is open to first-time families in public housing, engaged with child welfare, or who live in neighborhoods with the greatest social burdens. Becoming a new parent can be overwhelming, and many families need help and support to raise healthy and thriving children. The New Family Home Visiting program provides that support, and thereby works to interrupt the intergenerational transmission of inequity and illness, by investing in maternal and infant health. We look forward to sharing the outcomes of this program with Council in the coming months, as it expands and progresses.

This investment demonstrates the upstream approach this Administration is taking to public health. And this commitment extends beyond just the Health Department. For example, Mayor Adams has proposed expanding the NYC Earned Income Tax Credit, meaning more economic security for many families, which in turn improves health outcomes. The Mayor has made clear that this is a public health administration, and we are committed to holistic, evidence-based policies that support the physical and mental health and wellbeing of all New Yorkers.

State

I will now turn to the State budget: the Governor’s FY23 executive budget proposes significant investments in health care, but not enough for public health. In particular, the Article 6 reimbursement rate for New York City remains at 20%, compared to 36% for the rest of the State – and in total, this translates to a nearly \$60 million loss in public health funds for New Yorkers. Article 6 funds core public health services and activities, like sexual health, tuberculosis, and immunization services – activities we know help people lead healthier lives, and in the long run have immense economic benefits. We thank the Governor for the proposals to increase Article 6 funding through higher base grants and reimbursement of fringe benefits, but it is not enough. We need this funding for mission-critical activities, such as the implementation of our Hepatitis Elimination Plan, which details strategies to reduce new hepatitis infections, premature deaths, and health inequities related to the 300,000 New Yorkers living with viral hepatitis. Viral hepatitis is a disease that is both preventable and treatable – but we need adequate resources to do so. To that end, the State has an obligation to fund public health in New York City, and we must receive an equal reimbursement rate as other localities.

Beyond Article 6 funding, I thank the Governor for proposing much-needed investments in the people who have working tirelessly over the past two years to keep our fellow New Yorkers safe. The cost-of-living adjustment for human service providers, Nurses Across New York program, and the health worker bonuses would help to recruit and retain talent in these professions, enabling them to better support the people they serve. The inclusion of public health agencies for the health and mental hygiene worker bonuses is of particular importance for our agency to support our eligible staff.

Federal

On the federal level, we thank President Biden and his administration for their continued support for New York in the response to COVID-19 and his commitment to public health. However, we remain concerned with the overall level and longitudinal sustainability of public health funding from the federal government. We continue to advocate for resources for the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) which, respectively, help health departments strengthen their ability to respond to disease threats, and build health care system preparedness for a range of other disasters, from hurricanes to bioterrorism. During COVID-19, this funding allowed us to

deploy nurses to overwhelmed hospitals, and quickly ramp up surveillance and laboratory capacity to better understand and respond to the virus. As with all federal funding, it is essential that resources are appropriated and allocated directly to local health departments with flexibility for localities to determine how to deploy resources as they see fit at on the ground.

We also encourage Congress and the federal government to take action to support public health across the country, because we need to see investment and structural changes happen at the national level, not just here in New York City. For example, we applaud Senator Gillibrand's call for an additional \$55 billion in the President's budget to establish programs like our NYC Public Health Corps across the country. Additionally, we support the PREVENT Pandemics Act, which is focused on strengthening the nation's public health preparedness for the next pandemic, through better coordination, funding, and workforce development across all levels of government. The time for such investment is now, when the devastation of COVID-19 is still fresh in our collective memory. And the Public Health Workforce Loan Repayment Act would directly incentivize public health work, strengthening the workforce overall at this pivotal time. In addition, we urge Congress to pass the CARE Act, which would allocate resources to the local level – for both government and community-based partners – to prevent overdoses through harm reduction programming.

Further, we very much look forward to legislation related to the President's recently announced "Strategy to Address our National Mental Health Crisis" – we support efforts as proposed to strengthen capacity, reduce stigma, and bring mental health services to schools. Finally, I will note the importance of the social investments proposed in the Build Back Better Act, particularly the child tax credits that would mean immediate financial relief for many families who may still be struggling with the economic or health impacts of COVID-19. As I mentioned earlier, the public health and economic recovery from the pandemic are one and the same, and Congress must act now to set the stage for a meaningful recovery.

And that's what we – as public health experts – strive to do: prevent, protect, promote. To that end, I'd like to again acknowledge the Department's leadership team and every single one of our staff members who have worked over the past two years and continue to serve New Yorkers day in and out. They are worn out and exhausted, but they are hardworking, passionate experts in their fields. Their mission-driven work is why we are able to double every dollar the City invests in the Department. You don't go into public service for the praise or the glory. At the Health Department we do it because we believe in the science, the people of this great city, and in our vision – a city where all New Yorkers can realize their full health potential, regardless of who they are, where they are from, or where they live. Being the 43rd NYC Health Commissioner has been the honor of my lifetime and it was a privilege to serve with this team of indefatigable public servants during this moment in history.

Thank you, Chairs Schulman and Lee, and members of the committees, for your ongoing partnership and support. I am happy to answer your questions.