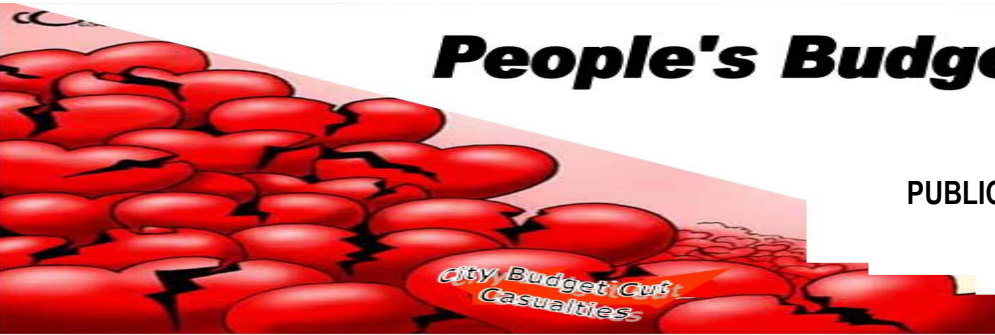


# People's Budget Coalition

for Public Health

PUBLIC HEALTH IS THE HEART OF NEW YORK CITY



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## Question for the Public Advocate and Comptroller Candidates

### **FMAP funding:**

New York City will have \$2 billion dollars available because of the increase in the Federal Medical Assistance Percentage (FMAP) in FY10 and FY11. The State used its FMAP savings in part to prevent cuts to valuable health and social service programs, and clearly noted in the enacted budget where all of the FMAP funds were being used. Mayor Bloomberg, however, has not shown the same commitment. The money that the city saved from FMAP in FY10, approximately \$870 million, was NOT allocated to prevent cutting public health programs, and its allocation cannot even be tracked in the printed budget.

**Q1. What will your office do to determine how this money was allocated in the FY10 executive budget? How will you ensure that the FMAP funds for FY 11 will be used, at least in part, to prevent further cuts to public health programs?**

**Firstly, I would work with the next Comptroller to put the City budget online in a form that we (the people) can understand, along with making it searchable. This way our budget is more transparent and budgetary items like the FMAP funds can be easily pinpointed. As Public Advocate, I could achieve this goal as a board member of the Commission on Public Information and Communication.**

**Secondly, as Public Advocate I would work with the City Council to ensure that the FMAP funds for FY11 will be used to prevent further cuts to public health programs. This can be done through legislation, which my office could submit or through budget negotiations by the City Council and the Mayor's office. I would be a strong voice for using these funds for their intended purpose as public health programs are vital to the most vulnerable New Yorker's.**

### **Public Health Funding**

Every year, your constituents are faced with the possibility that critical public health programs and services they rely on to get care and/or either bring food to the table will be cut or eliminated. For the most part, the Council has been good about restoring funding that the Mayor and Health Commissioner propose to eliminate from the budget. In these rough

economic times, the worst thing that government can do is limit access to vital safety-net services. This is especially important for public health programs that provide services for low-income, immigrants, and communities of color, children and families, people with disabilities and chronic illnesses, and seniors.

**Q2. Do you commit to include public health programs (see attached People's Budget Coalition One -pager) as one of your budget priorities, especially the programs advocated by the People's Budget Coalition for Public Health? What will you do to ensure that these important programs and services do not get cut? Would you support increasing funding for these programs so they can continue protecting the health of the public?**

**As Public Advocate, I would have no vote on the budget, but I would be a voice for the children and families that rely on these programs. The Public Advocate sits on every City Council committee and I would be a voice for public health programs and funding on the Health Committee. I would work closely with the City Council to ensure these cuts are restored and also make it known, publicly, when the Mayor and the Department of Health choose to cut these programs and funding. As Public Advocate, I would work with the Independent Budget Office to prove why these programs should be considered an investment in New York's future and make sure that we don't look towards cuts in future budgets.**

**As a resident of Staten Island, which has no public hospital, I know first hand how important health programs and funding can be. We need more funding for these programs and more health care options, including preventative and mobile health services across the five boroughs.**

### **The NYCDOHMH Oral Care Program**

This year the city's 100-year-old Children's Oral Health Program was eliminated. This action means that over 17,000 children have lost access to a vital service. Low-income populations are disadvantaged by the unfamiliarity with the dental health care delivery system, the lack of providers willing to participate in publicly financed programs. In recent years, only 45% of children enrolled in Medicaid managed care were seen by a dentist. Also dentists have office hours that often do not accommodate working parents. City government has not valued oral health, and the consequences for children are cruel— chronic pain, educational failure due to missed school days (*In 2000, the Surgeon General's annual report noted that children missed more than 51 million hours of school every year because of dental-related illness*) poor nutrition, and poor self-esteem.

In several City Council Health Committee Hearings, the council was made aware that the DOHMH was offering the dental equipment from these clinics to providers who would pay a \$250 administrative fee. The Council also learned that DOHMH was not requiring that any additional services be in place upon the proposed closing of these clinics. The DOHMH did state that they were in conversation with vendors to take over the dental services. At this time, it is not clear what has happened at all of the Oral Health sites, and we are not aware of any form of monitoring of the of the results of the closing of the dental clinics. There were assurances

that the 17,000 children would have access to dental services, but there have been no reports on this issue, that have been made public.

**Q3. What will your office do to address the lack of access to children's dental services in general and as a result of the closing of the DOHMH oral health clinics. Will your office work with the People's Budget Coalition on Public Health to support and advocate for monitoring and development of a plan that assures that the 17,000 children affected by the closure of the oral health program have access to affordable and quality dental care?**

**For the past six years I have worked for a City Councilman and State Senator. In that capacity, we worked with the NYU Dental School to provide mobile dental services to uninsured children. This is something that I would like to expand to all areas of the city. Oral care is so important; studies show that preventative care, such as visiting a dentist every six months, leads to a healthier life in the future. Money expensed now by government is an INVESTMENT in these children, not a cost. As a society we will all be better off if we spend the money now on providing dental care through the Children's Oral Health Clinic. I will support the People's Budget Coalition on Public Health in their efforts.**

**My health plan for the Public Advocate's office also includes working with Health Plus, Child Health Plus and HealthyNY to get the over 20% uninsured residents of New York City, especially children, insured. Most of the uninsured qualify for these programs at no cost.**

Coalition Members: Brooklyn Perinatal Network\* Citizens' Committee for Children\* Children's Defense Fund of New York\* Coalition for Asian American Children and Families\* Commission on the Public's Health System\* Community Development Project of the Urban Justice Center\* District Council 37\* Doctor's Council- SEIU\* El Centro de Inmigrantes\* Fort Greene SNAP\* Housing Works\*Freedom Community Center\* Indo-China Sino American Community Center \* Make The Road-NY\* New York Immigration Coalition\* New York State Nurses Association\* Nos Quedamos\* Parent to Parent-New York State\* RACOON\* The Bronx Health

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