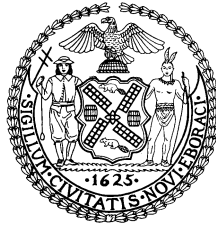


Alida Camp  
Chair

Will Brightbill  
District Manager



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**The City of New York  
Community Board 8 Manhattan  
Health, Seniors, and Social Services Committee  
Tuesday, September 22, 2020 - 6:30 PM  
*Conducted Remotely via Zoom***

**Minutes:**

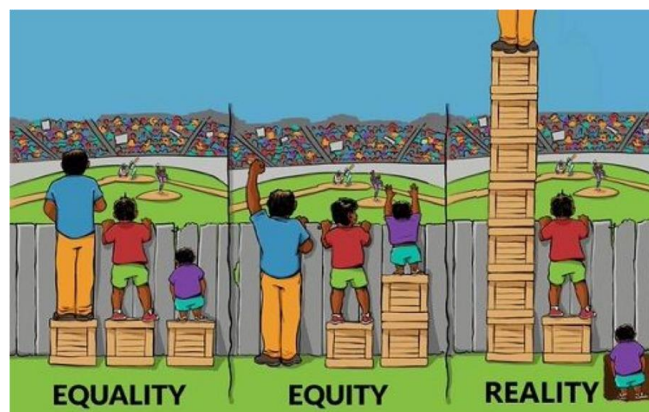
*Present:* Lori Bores, Meryl Brodsky\*, Alida Camp, Brian Correia, Rebecca Dangoor, Billy Freeland, Wilma Johnson, May Malik, Greg Morris, Jane Parshall, Ellen Polivy\*, Peggy Price, Barbara Rudder, Tricia Shimamura, Russell Squire, Lynne Strong-Shinozaki

\* Public Member

The meeting was called to order at 6:33 PM.

**Community Board 8M's Health, Seniors, and Social Services Committee presented the first of three meetings to address health inequity.**

Dr. Nichola Davis is the Chief Population Health Officer of the City's Health and Hospitals, the largest public healthcare system in the United States. Dr. Davis opened by discussing the differences between health equality and health equity which addresses the social determinants of health. Health equality would give everyone the same resources without addressing disparities. By taking those determinants into account, health equity gives everyone the opportunity to be as healthy as possible.



She explained that H+H's vision is to enable all New Yorkers, regardless of ability to pay, to live their healthiest possible lives.

COVID-19 exacerbated and further highlighted the healthcare inequity in our society. Living conditions, economics, ability to care for family members, and underlying health conditions contributed to the invulnerability of its population, which is primarily on Medicaid. Dr. Davis' department addresses patients' health conditions as a whole, and understands the social determinants people are born into and live with, and tries to alleviate the social and institutional inequities that lead to health issues.

To get a patient healthy means one must address the entire patient: both physical and behavioral health. To do this, they encourage and provide proactive screening of patient's needs, such as food, housing food, and even cash assistance of \$1,000 to some patients in need. Although they are increasingly using telemedicine and TeleVideo, they are aware that many patients do not have the technology to take advantage of the program. H+H is proactive in detecting depression and anxiety, and partners with consulting psychiatrists and social workers. It is expected that the pandemic will increase PTSD and mental illness.

To address implicit and explicit bias, Dr. Davis said that they have conducted various listening tours, engaging with the staff who primarily come from their neighborhood, and engaging with patients. They are working to achieve an open dialog to address any implicit bias.

Next, Dr. Laura E. Riley briefly discussed her goals for her role as the Obstetrician and Gynecologist-in-Chief at New York-Presbyterian/Weill Cornell Medical Center and the Chair of the Department of Obstetrics and Gynecology at Weill Cornell Medicine. She stressed that doing a better job concerning maternal mortality is at the forefront of her mission.

The final speaker was Dr. Auja McDougale, the Director of Women's Health Practice and Community Health at New York Presbyterian Hospital – Weill Cornell Medicine. In her role, she advocates for patients who have been underserved by taking advantage of the resources of a private institution. She elaborated on the opportunities and services Helmsley Tower 5 Primary Care clinic provides. They treat patients from pediatrics to geriatrics.

Having the designation of a NY State Patient-Centered Medical Home means the facility meets 40 core criteria as governed by the State and that its core three aims are: better health, lower health cost, and better patient experience. Dr. McDougale stressed that patient experience, especially this year, has been their central aim to insure there is an *equal* experience while giving equitable health care. The facility is also an Article 28 space, which means they can provide services to government insured patients who are covered by both Medicare and Medicaid. They also have a charity care policy.

Their patients come from all five boroughs as well as New Jersey and Westchester. In fact, about 80% of patients come from outside of the Upper East Side. The fact that patients sometimes travel more than an hour and a half to receive the care they can provide should

be taken into consideration when thinking about health equity. Why do people have to go so far away from home to feel they will get the proper, high-level care that they need?

Like H+H, the pandemic also required them to extend their services through telemedicine. In an effort to focus on continued care to improve healthcare outcomes, they have instituted a two-week post-partum telemedicine visit for all patients who have delivered out of the New York-Presbyterian Weill Cornell campus regardless if they are seen privately or in the clinic.

She concluded by mentioning that the New York-Presbyterian Alexandra Cohen Hospital for Women and Newborns opened up just in August of this year in the David Koch building. This new hospital sees all patients who deliver at New York-Presbyterian: whether they are in the clinic or the faculty practice. All patients will get a single room immediately post-partum regardless if they can pay or not.

Following Dr. McDougale's remarks, the meeting held a Q&A session with the three doctors.

The meeting was adjourned at 8:17 PM.

**Rebecca Dangoor and Barbara Rudder, Co-Chairs**