



CHCANYS

Community Health Care Association of New York State

**Community Health Care Association of New York State Written Testimony
NYS Joint Senate and Assembly Hearing:
Mitigating COVID-19 Effects on Minority Communities
May 18, 2020**

The Community Health Care Association of New York State (CHCANYS) thanks the NYS Senate and Assembly for recognizing the devastating impact of COVID-19 on communities of color, and for seeking recommendations to mitigate these effects and improve health disparities that are linked to racism, poverty, and longstanding structural deficits within our communities. We submit this written testimony to the NYS Senate and Assembly on behalf of the more than 2.4 million patients served by over 800 community health center (CHC) sites across the State.

Located in low-income, ethnically diverse communities, CHCs have a documented history of providing high quality and effective primary care to anyone who requires services, regardless of insurance status, immigration status, or ability to pay. CHCs are pillars of the social safety net. Across the State, 16% of CHC patients are uninsured, 59% are enrolled in Medicaid or CHIP, 32% are best served in a language other than English, 37% identify as Hispanic/Latinx and 28% identify as black. A full 31% of CHC patients live at or near public housing and 4% are homeless.¹ Each CHC is governed by a Board of Directors that is comprised of a majority of CHC consumers, making CHCs well equipped to identify and prioritize the unique needs of the communities they serve. CHCs are well versed in mobile care, street medicine, and team-based care and employ promotoras and community health workers who are from the community and uniquely understand the concerns and needs of their patients. Health centers provide high quality, comprehensive primary care and take a whole person approach to health, working to address social needs by providing mental health care and connecting individuals to housing or addressing food insecurity along the way. As such, they are trusted community providers with a history of working side by side with the communities they serve.

Mitigating the Effects of COVID-19 on Communities of Color

Early data shows that COVID-19 disproportionately impacts low-income communities, communities of color, and people with comorbidities; these are the very communities CHCs have served since the 1960s. To mitigate the impact of COVID-19 on communities of color, CHCANYS recommends the following:

- Communities of color must be guaranteed access to COVID-19 testing.
- The State's contract tracing program must be culturally and linguistically appropriate.
- Substantial testing and tracing initiatives must expand and continue in disadvantaged communities as the State re-opens and until COVID-19 is no longer a threat to New Yorkers.
- Resources must be directed to CHCs to cover the costs of testing equipment to ensure access to tests that are effective and reliable.

¹ Data from the 2018 Uniform Data System; all federally qualified health centers are required to report into the Uniform Data System on an annual basis.



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- To protect communities of color, the State must implement a plan for adequate sourcing and distribution of PPE that includes community based primary care as priority recipients.
- The State must implement clear public health messaging that is culturally and linguistically tailored to fit the needs of New York State's diverse communities. CHCs stand ready to partner with the State to disseminate public health messaging.
- The State must treat health care technology and high-speed internet access as a public good; ensure communities of color have access to these necessities at low or no cost.

Consequences of COVID-19 for Community Health Centers

Just as the COVID-19 epidemic is ravaging communities of color, it is also having dire effects on community health centers and the social safety net. In response to State orders to stay home, CHCs experienced a drastic decrease in patient visit volume in the first weeks of the pandemic response. On average, CHC visits decreased 56% across the State, per CHCANYS analysis. CHCANYS estimated that CHCs were collectively losing about \$30M per week in revenue.² In response to these financial strains, CHCs have had to make difficult decisions; 74% have temporarily closed at least one site and 77% currently have staff that are furloughed, laid off, or working reduced hours. Statewide, about 11% of CHC employees are currently furloughed or laid off.³

To ensure on-going access to care for patients, CHCs have scrambled to stand up remote care delivery. In a statewide CHCANYS survey administered between May 4 and May 10, 38% of visits were in-person, 25% were provided via audio-visual telehealth and 37% were telephonic. For many individuals served by CHCs who do not have access to audio-visual technologies, data plans, smart phones, or wifi, telephone visits are the only media for continuity of care, including management of chronic conditions. Telephone visits have been quickly embraced by patients and demand for remote care is expected to continue well beyond the pandemic. However, reimbursement for services via the telephone has been approved by the Department of Health only for the duration of the public health emergency at this time.

Removing the ability for patients to receive services via the telephone would be detrimental to patients' ability to receive timely primary care, especially as the communities begin to deal with potential long-term consequences of recovering from COVID-19. Access to appropriate technology and internet services are issues of health equity, and we encourage the Legislature to support increased access to appropriate technology while ensuring telephonic visits are included in reimbursement. We welcome the opportunity to engage with the Legislature and the Department of Health in development of a primary care payment model that supports the care delivery model of the future – a model that includes telehealth and telephone access to care.

As the State proceeds with re-opening, patients may not be willing to return to the physical clinic environment for some time. To ensure a safe work environment for patients and staff, CHCs are re-

² Based on a CHCANYS survey capturing a 3-week period ending on March 28, 2020. https://84611948-d82b-437a-91b9-7f0fcdcdcd4.usfiles.com/ugd/846119_86d0b1c66a4f46c38789970468eafabc.pdf

³ Based on a May 10, 2020 CHCANYS survey with a response rate of about 66%. https://84611948-d82b-437a-91b9-7f0fcdcdcd4.usfiles.com/ugd/846119_af006e9e93bb4e1a9f89da4089272d51.pdf



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envisioning in-person care delivery, including redesigning physical spaces to comply with social distancing requirements. CHCs operating on razor thin margins will struggle to successfully rehire furloughed staff while in-person visit volume slowly returns. Notably, an investment in community health centers is not only an investment in the primary care safety net, it is also an investment in the job security of some of the largest employers in communities of color. CHCs will need transitional support to cover personnel, operating, and capital expenses to provide access for critical in-person services, such as vaccinations and prenatal care.

Without a coordinated response that leverages the resources of all health care and social services partners, including CHCs, New Yorkers in underserved communities will continue to be disproportionately affected by COVID-19. This means that the State must ensure adequate funding in preventive and public health infrastructure:

- Investment in primary care to ensure CHCs' financial strength;
- PPE and supplies for community members and supporting organizations;
- Testing and contact tracing efforts in all areas of the State;
- Culturally and linguistically appropriate health and social services;
- Technology and internet services for minority and underserved communities; and,
- Health literacy education and supports to promote ongoing individual and public health, not just in midst of the pandemic.

CHCANYS and its membership are committed to addressing the devastating impact of this pandemic for the communities we serve. We look forward to working with the legislature to do so.

For follow up, please reach out to Marie Mongeon, Director of Policy with CHCANYS at: mmongeon@chcanys.org.