

From Riches to Rags – and back again

Public Health is too important to be left
strictly to professionals!

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Public Health in New York City

- Using the example of New York City:
- The New York City Department of Health, now named the Department of Health and Mental Hygiene, has been a leader in Public Health for over a century.
- There have been many innovative programs – some leading the way in public health for the country as a whole.
- For example, in one area – Children’s Health – the department had many firsts. In 1876, DOH funded a Summer Corps of doctors to visit tenements and treat sick babies. In 1902, the first Public Health Nurses were hired. In 1908, the DOH founded the Division of Child Hygiene.
- In 1908, the first Well Baby Stations were started within Free Milk Stations. These clinics later evolved into Child Health Stations and then to Child Health Clinics offering primary care services and immunizations for all children.
- There were many other innovations over the years.

Child Health Clinic Timeline

Timeline

The decline and fall of the city's Health Department

There was also a slide to Rags.

- During the city's fiscal crisis beginning in the early to mid 1970's, public health services were no long protected. One city Health Commissioner talked about the need to save "the life-protecting services and cut the life-enhancing services."
- What was cut: Vital Records and Statistical Services; Laboratories; Food and Drug Inspection; VD Control Program; TB Program; Dental Services; Lead Poisoning Program; Child Health Services. The Nutrition Program was all but eliminated.
- Child Health Stations went from a peak of 99 in 1966 down to 57 by 1978. There are no only 29 Child Health Clinics left.
- The city, under a new Mayor and new leadership of the Health Department has restored many services. But much of the restoration is done on a top down basis. In 1939, a Public Health Office in East Harlem organized a community-wide effort to combat Infant Mortality – and it worked. Nowadays, the community is often not a part of the equation in public health.

Community Involvement Can Make A Difference

There are two programs that I want to talk about where this involvement made a significant difference.

- The first is the Child Health Clinics: I have already shown you slides of the Timeline portraying the history of these very important services. Going from Free Milk Stations in the 1890's to save children from "miasma," they became important providers of preventive, public health, and primary care services over the more than 100 years.
- 2008 marks the 100th Year Anniversary of these clinics – and they will be honored over the coming year during a project developed by the Commission on the Public's Health System (CPHS), and a planning committee of professionals, community, and organized labor. The next slide shows the flier for the Kick-off event on November 8th, 2007.
- This project will be used as a celebration to bring parents and their children to events. There will be a borough coalition in each New York City county that will plan local events. There are several goals and outcomes expected: children will be enrolled in public health insurance; they will be linked to a medical home so that they can receive ongoing comprehensive primary care; a survey will be done of parents and young people to gather their beliefs about problems, gaps and barriers, along with proposals of how to improve services; and there will be a development of a Child/Family Health Policy Agenda that incorporates local community perspectives from the borough coalitions.

Community Involvement Can Make A Difference

The second program used as a critical example of the difference that a community can make in a public health program. Post 9/11, 2001, the residents of the Lower East Side and Chinatown – two low income, immigrant, and communities of color located near Ground Zero – had serious and growing health problems.

- An important coalition effort was born in 2002, with the coalescing of four and now six organizations named Beyond Ground Zero (or BGZ). BGZ is comprised of three membership organizations, two legal groups, and a public health advocacy organization (CPHS).
- Two of the membership organizations – Chinese Staff and Workers Association (CSWA) and National Mobilization Against Sweat Shops (NMASS) conducted wide-scale surveys of residents, local workers, and clean-up workers. Of the 2,027 respondents, 65% reported having health-related problems. The illnesses included: respiratory disorders, asthma, frequent coughing and colds, allergies, gastrointestinal problems, anxiety and depression, and skin rashes. Initially, these problems were largely ignored.
- Initially, there was total denial of air quality or health problems. Later funding was made available to screen First Responders and people who worked on “The Pile.”

Residents & Clean-Up Workers were ignored.

- BGZ engaged in door-knocking, community meetings, and surveys – documenting the size of the problem. But the city government set up a Health Registry with geographic boundaries that largely ignored the impact on the Lower East Side and Chinatown. No public funding was available for screening or medical care for these populations.
- After a time, the outreach efforts were funded by the 9/11 Fund and then the Red Cross. But, medical screening and treatment were not available. Fortunately, New York City still has a public hospital system. BGZ approached Bellevue Hospital, which with no funding began a slow development of a medical program. Almost 67% of the initial persons screened by BGZ has no health insurance. A large percent of the population speaks a primary language other-than-English.
- The Bellevue program was built jointly by the hospital and BGZ. BGZ staff and volunteers accompanied participants to the hospital, acting as interpreters and navigators. Systemic problems were identified and worked out jointly by Bellevue and BGZ.
- In other words, the public hospital and community organizations built what could absolutely be termed a “**Model Public Health Program.**” The need identified by the community – and the program developed by community and hospital.
- BGZ and Bellevue presented at an international community health conference in Amsterdam.

9/11 Health Results

- It is now six years post 9/11. More than 1,200 residents and clean-up workers have been screened and treated at Bellevue Hospital. The epidemiological results of this work are still being compiled. The anecdotal information shows a large number of people with respiratory and other medical problems.
- Five years post 9/11, in 2006, Mayor Bloomberg released a report acknowledging the medical problems faced by this population. The Bellevue World Trade Center Clinic has been enlarged with an initial \$16 million allocation of funding. In 2007, the Mayor announced a further expansion of the city's World Trade Center program to two additional public health facilities – Elmhurst Hospital in Queens and Gouverneur ambulatory care facility on the Lower East Side. The program dollars available were also greatly expanded.
- We are waiting for the federal government to catch-up. Despite the announcement of a federal World Trade Center Coordinator and the promise of a plan, with dollars attached, from the federal agencies – this has not as yet happened.
- BGZ has gone to Washington, and spent a great deal of time educating lawmakers on the issue. Joint lobbying efforts with the city, Bellevue, and its parent body, the Health and Hospitals Corporation may result in the first Congressional recognition, with funding, of the needs of residents and clean-up workers.

Summary

Thesis – Public Health is too important to be left strictly to professionals.

- In these two examples of public health issues and action in New York City – I have traced the issue, the politics, and the importance of the community in the development of programs.
- I am a public health professional, and I respect public health professionals.
- But, I believe, and I hope that I have shown, that Public Health Models grow richer, more relevant, and more effective when developed for, by, and with the affected community.
- Communities often know what they need, how to design a program to meet that need, and how to fight for it, when necessary. Model public health programs can make an important difference in peoples' lives.
- Please go home and try it!