

UHF Mayoral Candidate Health Policy Survey, April–May 2021

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In one sentence, what is the biggest health care issue, aside from the COVID-19 pandemic, facing New York City in 2022 and beyond? (200 characters including spaces)

The biggest health care issue facing New York City in 2022 and beyond is health inequity - our healthcare facilities are among the best in the world, but access to those hospitals and resources is not equitable, particularly for Black, Brown, and lower-income New Yorkers.

What are your top 3 broad health priorities? (choose from list below)

Access to Care	Aging	Children/Adolescents
Chronic Disease	Cost of Care	COVID
Health Insurance Coverage	Health Related Social Needs / Social Determinants	Homeless Health
Hospital Sustainability	Immigrant/Refugee Health	LGBTQ Health
Mental Health	NYC Health+Hospitals	Prescription Drugs
Primary Care	Quality of Care	Racial/Ethnic Disparities
Specialty Care	Substance Use Disorder	

COVID, Health Related Social Needs / Social Determinants, Racial/Ethnic Disparities

Long-standing disparities in health and health outcomes among different communities in NYC have been well documented. What do you think is the single biggest cause of disparities in health, and how would your administration address that root cause of health inequities? (1000 characters)

The single biggest cause of disparities in health and health outcomes among different communities in NYC is rooted in accessibility. I will move to address accessibility by addressing city health inequities in my first 100 days as Mayor by launching NYC 5000, a five-borough culturally responsive team tasked with identifying and responding to gaps between human services and the communities most in need, including those most impacted by COVID-19 and a failed recovery and vaccine distribution response. We can then use that data to continue targeting communities for vaccine distribution, as needed, and to create healthcare strategies that target the areas most in need. My administration will also create a network of integrated community health clinics across the city to provide preventative primary care, as part of plan to boost the care economy, which will include investments in elder care, affordable and quality childcare, early childhood education, homecare, disability and long-term care.

How would you approach directing resources to address health inequities to the neighborhoods and subpopulations that are most historically underserved? (1500 characters)

I will move to address city health inequities in my first 100 days as Mayor by launching NYC 5000, a five-borough culturally responsive team tasked with identifying and responding to gaps between human services and the communities most in need, including those most impacted by COVID-19 and a failed recovery and vaccine distribution response. We can then use that data to continue targeting communities for vaccine distribution, as needed, and to create healthcare strategies that target the historically underserved neighborhoods and subpopulations. My administration will also create a network

of integrated community health clinics across the city to provide preventative primary care, as part of a citywide plan to boost the care economy, which will also include investments in elder care, affordable and quality childcare, early childhood education, homecare, disability and long-term care. I will also invest in education and training for care jobs, including support and training for primary caregivers and strengthening the CUNY School of Medicine. My administration would also seek to pilot a program providing access to doulas, midwives, physicians and nurses, and free prenatal care for expecting mothers; this is especially critical for Black mothers who are much more likely to die in childbirth than white mothers. Protections from the disruptions and damage brought about by the COVID pandemic require structural changes and the prioritizing of investments that strengthen public institutions and reduce inequality across the board. This is most critical in rebuilding for years to come. Healthcare is a right that must be accessible to everyone.

More than 31,000 NYC residents have died of COVID-19 to date. On a scale of 1-10, with 10 being the highest, how would you rate the whole of government response to the pandemic (federal, state and local)?

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While hindsight is always 20/20, if you were mayor in 2020/2021 what single thing would you have done differently to try and reduce the number of New York City residents who perished? (500 characters)

If I were mayor in 2020/2021 the single thing, I would have done is to prioritize creating more city funds that will put cash into the hands of those who need it most — our excluded workers, our immigrant small businesses, and our Black and Brown communities — without the constraints tied to federal funds. I'd focus on rebuilding our social safety net by ensuring that we reinvest in public hospitals and clinics, and in community-based organizations who have localized support and can provide language and cultural competence and continue our education efforts.

As COVID-19 recovery continues, how would your administration approach learning from the response to the pandemic and what specifically will it do to prepare for the next event that could alter the health of the City? (1500 characters)

My approach to the COVID-19 crisis is shaped by the understanding that our biggest challenges are systemic. My platform is built on the belief that politics should work for all people: we are best able to grow when vulnerable New Yorkers are prioritized, oppressive systems are eliminated, and barriers are removed. The people who help keep New York City afloat, in and out of a pandemic, are those who are traditionally left behind because our system was designed for them to struggle. Every action I take as Mayor will work to combat that. More than 1 million New Yorkers lost job-based health insurance coverage due to the impacts of the COVID-19 pandemic. Although we saw loss of coverage across the board, Black and Brown communities, and women have been disproportionately affected. Our healthcare system has failed to adequately meet the needs of low-income residents, communities of color, and those in culturally and linguistically isolated communities, especially when it comes to preventative primary care. These same communities are those that have been the most harmed by COVID-19. To mitigate this issue, in my first 100 days I will launch NYC 5000, a five-borough culturally responsive team tasked with identifying and responding to gaps between human services and the communities most in need. Through this plan, we will connect uninsured, housing insecure, and other vulnerable populations to COVID-19 education, testing and vaccines. On a broader level, I will advocate for the passage of the New York Health Act.

How will you address the potential long-term health impacts for children that have lost loved ones, faced other socio-economic traumas, and have lost learning as a result of COVID-19? (1000 characters)

I will address the potential long term health impacts for children that have lost loved ones, faced other socio-economic traumas, and have lost learning as a result of COVID-19 by prioritizing mental health both inside and outside of schools. As Mayor, I commit to making care more accessible. One of the primary ways that I will do this is by reallocating money that has historically gone to upholding structures of policing, and instead allocate that money to social services. I will ensure all schools have social workers employed so students can access care quickly and easily. Outside of schools, we must expand the availability of individual, group, and peer-led mental health supports and increase local community access by providing these services in the city's integrated community health clinics, which predominantly serve working-class communities of color.

Most major decisions affecting the health of New Yorkers are made in Washington or Albany. What activities under local control could have the biggest impact on NYC resident's health? What are the key city agencies your administration would use to execute those activities and how? (1000 characters)

Activities such as creating community clinics and mobile hospitals could have the biggest impact on NYC resident's health. In having health care come to the communities instead of working people taking time off from work to access care, we would be able to create a way to serve New Yorkers locally and prioritize their health needs in an impactful way. We can direct residents and students from CUNY School of Medicine serve in our mobile community clinics and leverage the nurse practitioners who have served the city through the pandemic. In order to execute this vision, key city agencies that our administration would use are: New York City Health and Hospitals Corporation, the Department of Aging, Department of Homeless Services, Department of Mental Health & Hygiene, Human Resources Administration, and New York City Housing Authority.

Have you ever received care at a NYC Health+Hospitals inpatient or outpatient facility?

YES

NYC Health+Hospitals faces dire financial straits on a regular basis. Can this problem be addressed by better management and efficiency or is City budget support the answer? (500 characters)

It cannot be addressed through management alone. A fully funded and adequately staffed public hospitals and clinics must be a citywide priority. Advocating and budgeting for public hospitals and other public health benefits is part of my larger goal of creating more budget transparency and community participation. Our budget is a reflection of our values. I would reallocate existing dollars to prioritize providing for those who have historically lived on the margins and been over-burdened with the weight of disproportionate budget cuts. I will not allow private corporations and lobbyists to dictate the budget and further suppress the services that are most needed. Still, management can certainly be improved, and medical staff and front line workers must be given more power and decision-making roles.

Briefly, what criteria will you use to select the Commissioner of the Department of Health and Mental Hygiene? (300 characters)

In selecting a Commissioner of the Department of Health and Mental Hygiene, I would seek a commissioner who is committed to creating a care economy that will address systemic racism, provide more place-based solutions for neighborhoods and connect more New Yorkers to safe, trusted care. I would want someone who has a history of serving underserved communities in New York, with a social work background. In order to serve our vibrant city, post a pandemic, I would seek someone who has a record of being innovative and can serve as an effective progressive agent.

Historically the Department of Health and Mental Hygiene publishes an annual strategy laying out its priorities. Beyond COVID-19, what would your 5 bullet point level priorities be for 2022-2023? (1000 characters)

1. Creating a network of integrated community health clinics across the city to provide preventative primary care;
2. Establishing access to affordable and quality childcare, early childhood education, homecare, disability and long-term care, as well as elder care, and other areas comprising the care economy;
3. Expanding career training opportunities and financial support for primary caregivers;
4. Providing paid family leave, maternity leave and sick leave to independent contractors and gig workers;
5. Deepening investment in the Center for Health Equity and creating the Community First Response Department within DOHMH, which would be staffed with medical professionals and counselors and replace the NYPD in responding to mental health, homelessness, and substance use calls

Have you ever been uninsured (lacked health insurance coverage for more 30 days) or been insured through Medicaid or Child Health Plus? (choose all that apply)

Uninsured	<input checked="" type="checkbox"/>
Medicaid or CHP	<input checked="" type="checkbox"/>
Always Insured	<input type="checkbox"/>

More than 50,000 New York City residents have signed up for the NYC Care direct access program. Would you continue the program?

YES

Regardless of your answer to the previous question, what is your approach to providing both access to care and health

insurance coverage to uninsured New York City residents?
(1500 characters)

Medicaid and Medicare should be as good or better than any other form of insurance. Too many people are kept from the care they need because of their income. Medicaid could be adjusted at the state-level to provide more incentives to accept the coverage and create rates that make this possible. I would work with leaders in the new legislature to identify changes to make this possible. Medicare would likely require federal action, and I'd work with New York's delegation to the federal government to similarly incentivize acceptance. On the whole, both of these programs require drastically greater investment so that more costs are directly covered. I would also ardently advocate for the New York Health Act and Medicare for All. At the city level, I would seek to expand NYC Cares and use NYC 5000 to identify gaps in healthcare and connect people to the services they need. Protections from the disruptions and damage brought about by the COVID pandemic require structural changes and the prioritizing of investments that strengthen public institutions and reduce inequality across the board. This is most critical in rebuilding for years to come. Healthcare is a right that should be made accessible to everyone.

What specific populations would your administration target for improving access to coverage and care? How would you go about targeting initiatives to those populations? (1500 characters)

My administration would target the most vulnerable New Yorkers, such as New York's vast immigrant population and gig workers, for improving access to coverage and care. In targeting initiatives to these populations I would champion the passage of the New York Health Act, and in the interim, would see that local community-based health organizations were given funding to cover and assist immigrants with their health needs since they are often more trusted, especially by those most vulnerable and undocumented. I will prioritize investing in and utilizing community centers as critical hubs for distributing healthcare

information and perhaps even providing basic healthcare services. I will also do more to protect the health of independent contractors and gig workers, as well as domestic workers, by expanding benefits such as paid family and sick leave. COVID-19 provided clarity on the state of inequality in the social determinants of health. Factors such as insurance status, employment, language access and culturally relevant intervention strategies all revealed our city's unwillingness to shrink the gap in accessible health and address the inequities that reduce the quality of life for so many. Through work both inside and outside the City government, I will help change that. Where the federal and state governments fail to consider excluded workers like the undocumented, gig workers, and others in nonstandard work arrangements, the city must step in. A Morales administration would build out programs to ensure that all workers are guaranteed quality health care/insurance, workplace protections (even those who do not work in traditional workplaces), and access to a safety net when they are under-or unemployed. We will also work toward guaranteeing a basic liveable income so that under- or unemployment will not derail a New Yorker's life.

What would you do as mayor to improve the quality and affordability of health insurance coverage for city employees and their families? (750 characters)

As Mayor, I would work to expand and develop a quality public alternative as I work to strive for a universal healthcare model. This would allow city employees to provide affordable care to their families, elderly parents, and other people they care for financially on a day-to-day basis.

Access to primary care is essential to improving health outcomes. How would your administration strengthen the primary care infrastructure in NYC? (750 Characters)

I'm committed to seeing increased public health access, education, and support. A Morales administration would strengthen the primary care infrastructure in NYC by accelerating and expanding the creation of community and

mobile clinics so primary care is accessible to everyone who needs it.

COVID-19 has exacerbated the need for mental health services and supports. Would you eliminate or continue the existing ThriveNYC initiative, and how would you approach addressing the different needs of the seriously mentally ill (SMI) and the much larger group of New York City residents with mental health needs that don't rise to the level of SMI? (1500 characters)

Mental health is the “invisible” crisis behind the pandemic. It was a crisis before March 2020, and COVID has only deepened the problem. No recovery for the city will be complete without taking mental health into serious consideration, especially the mental health of our youth. Accessing mental health resources can be an incredible challenge, particularly for low-income New Yorkers who may not have the resources to afford life-saving therapy or psychological services. As Mayor, I commit to making care more accessible. One of the primary ways that I will do this is by reallocating money that has historically gone to upholding structures of policing, and instead allocate that money to social services, including by building upon ThriveNYC. I will ensure all schools have social workers employed so students can access care quickly and easily. Outside of schools, we must expand the availability of individual, group, and peer-led mental health supports and increase local community access by providing these services in the city's integrated community health clinics, which predominantly serve working class communities of color.

For each of the issues below, please rate on a scale of 1-5 (5 being highest/most) the level of public health and health care engagement you believe should be dedicated to the issue?

Adult Education	4
Child Care	5
Climate Change	5
Early Childhood Education	5
Economic Development	4

Environmental Justice	5
Food Insecurity	5
Gun Violence	5
Land Use / Zoning	4
Systemic Racism	5
Workforce Development	4

Briefly, if you could convince New York State government to do one thing to improve the health of New York City residents, what would it be? (500 characters)

We need to pass the New York Health Act. Healthcare is a right and now, with the majority of the state legislature in support of the bill, we have the opportunity to lead the nation on creating universal healthcare.

Briefly, if you could convince the federal government to do one thing to improve the health of New York city residents, what would it be? (500 characters)

We must pass Medicare For All. Everyone has a right to healthcare. While New York can and should lead on this issue, only the federal government can make healthcare a right for everyone in the US.

By the end of your administration what one measurable goal would you look at to determine if you have improved the health of New York City residents? (250 characters)

I would want to see that health outcomes for our most vulnerable communities—Black and Brown people, homeless New Yorkers, undocumented immigrants—have improved.

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