

# **Communities Together for Health Equity Talking Points**

## *Unbalanced Priorities, Missed Opportunities & False Expectations*

We are Communities Together for Health Equity, a coalition of diverse community-based organizations, community providers and unions working to ensure our critical involvement in the state's Delivery System Reform Incentive Payment (DSRIP) Program. Points below are to assist community based organizations (CBOs) and communities in speaking at the May 4<sup>th</sup> Public Hearing. See flyer.

### **Major issues are:**

- If the design of New York State's DSRIP program is to transform the health system, it is flawed and will not work because the hospitals mostly are in charge of the PPS and control the dollar flow to other partners.
- The DSRIP goals to reach low-income residents, immigrants and people of color, will not be met unless the trusted CBOs are a permanent part of the "formula". Their cultural and linguistic expertise is vital to success in our communities. Massive research shows that evidence-based community programs- reduce health costs.
- The State Health Department made a commitment to acquire and get out \$2.5 million for CBO's to do strategic planning. Even this relatively small amount is caught up in state bureaucracy one year later. But when hospitals claimed they were not getting enough money the Governor came up with an extra \$1 billion.
- We need community based health services but the lead hospitals in the PPS' are holding on to these funds

### **This can start to be corrected by:**

- Guidance on and monitoring of community engagement. It must be process driven and aim to actually include the input of CBOs and communities in the planning of DSRIP. Without it, we will fail to achieve DSRIP goals.
- Strategic planning dollars being available immediately
- Renegotiations of the Terms and Conditions to benefit the CBO's and the communities they serve.
- Contracts with CBO's reflecting a clear description of what they are charged with. Contract dollars have to fairly match the time and expertise CBOs are providing.

### **See back for possible questions to ask at the hearing**

For more information about our efforts, please reach out by calling Anthony Feliciano, CPHS at 212-246-0803 or emailing us at [We.Are.Dsrip@gmail.com](mailto:We.Are.Dsrip@gmail.com)

These questions are based on creating the space for CBO leadership and direct decision-making. They are aimed at the State.

1. What does it take to expedite that the RFP for strategic planning to go out without any further delays?
2. We strongly urge a formal monitoring process to ensure funds flow to CBOs. What has been set up to do so and what efforts have been made to be inclusive of community input?
3. What has been set up to ensure that defining key terms like cultural competency, community engagement and community-based organizations best align with the on the ground expertise, experiences, and needs of communities.
4. How will the State address the lack of equity and diversity in the number and types of CBOs included in decision making/governance structures like PAOP and other committees?
5. CBOs across the City are stating that Medicaid users are totally unaware of DSRIP and the impact it will have on service delivery. Is there a definitive plan to engage the community resources like, community groups, civic organizations, religious orgs) to work collaboratively in educating communities?
6. Additionally, what set aside funding is available for this endeavor?