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## City Plans to Increase Health Care for the Poor

By [ANEMONA HARTOCOLLIS](#)

New York City plans to expand primary health care facilities in 11 high-poverty areas, City Council Speaker [Christine C. Quinn](#) announced on Monday, saying she hoped to put \$26 million toward the effort in the next four years, city finances permitting.

Ms. Quinn said the City Council would hold public forums in each borough during the next few weeks to hear concerns about health care before the health department issues a request, in December, for proposals to expand services. Responses from primary care providers, she said, would be judged based on their ability to expand capacity, as well as their responsiveness to complaints raised by 3,000 patients in a city-sponsored survey on primary care whose results were released on Monday.

In the city survey, the top five complaints about neighborhood primary care were that patients had to wait too long to be seen (43 percent); that doctors' offices failed to make timely appointments (31 percent); that doctors and nurses did not spend enough time with patients (24 percent) or were bad listeners (20 percent); and that the care was too expensive (20 percent).

Although those complaints might sound familiar to almost anyone who has gone to a doctor, Ms. Quinn suggested that they were particularly forbidding for poor and otherwise disadvantaged people.

"I think we all know that too much money gets spent on expensive inpatient care," Ms. Quinn said at a news conference at City Hall. "Too many New Yorkers have the emergency room as their primary doctors."

Ms. Quinn, who is considered a likely 2009 mayoral candidate, said that she was making good on a proposal in her 2007 State of the City address to "create 10 state-of-the-art health care facilities in high-need communities over the next five years."

She said on Monday that while hospital beds had been underused, [preventive medicine](#) was in short supply in many parts of the city, especially those that are poor or serve immigrants who

do not speak English.

The survey identified 11 underserved areas, with East Williamsburg, Bushwick and Bedford-Stuyvesant, in Brooklyn, and the South Bronx at the top of the list; East and central Harlem and parts of Queens in the middle; and the borough of Staten Island at the bottom.

Ms. Quinn said the goal was to allocate \$17 million in capital financing and \$9.2 million in expense money for the primary care initiative through 2012, but stressed that in the current fiscal climate, there were no guarantees. The only certain allocation is roughly \$7 million already set aside for the 2009 fiscal year, which ends in June.

In an indication of support from the Bloomberg administration, officials from the city's Health and Hospitals Corporation and Department of Health and Mental Hygiene stood by Ms. Quinn as she spoke. More colorfully, she was flanked by several health care advocates, including Osbelia Morales, a mother of five and a Mexican immigrant from Staten Island, who took the podium wearing a baby blanket over one shoulder, having just breast-fed her wailing infant daughter, Leslie.

One health care advocate, Ronda Kotelchuck, executive director of the Primary Care Development Corporation, which lends money to health providers, said later that the initiative would probably expand freestanding health centers, hospital-based clinics and, to a lesser degree, the number of private physicians.

In the city's poor communities, Ms. Kotelchuck said, about 50 percent of primary care is delivered by hospital outpatient departments, and the single biggest provider is the Health and Hospitals Corporation, which operates 11 public [hospitals](#) whose mandate is to serve the poor. Aides to Ms. Quinn said that at least part of the proposed spending would go toward expanding primary care in city hospitals.

Kenneth E. Raske, president of the Greater New York Hospital Association, said that private hospitals were facing increasing pressure to have their emergency rooms provide primary care, and would welcome the initiative.

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