

Grant Outcomes Report

Raising Awareness About Child Health Clinics: The Child Health Initiative Celebrates 100 Years of Child Health Clinics

Child Health Clinics have played an important role in improving local accessibility to health care services in New York City. The number of clinics has dwindled over the last 30 years, leaving some communities without nearby services. This \$153,000 grant to the Commission on the Public's Health System funded the Child Health Initiative, which commemorated 100 years of Child Health Clinics, while also raising awareness about their existence in the community and the clinics' importance to access to health care for low-income families.

The Problem Addressed

When this project was originally proposed, 1.6 million New York City residents were uninsured, many of them children. While access to health care services is difficult for anyone without an insurance card, it is particularly difficult for the uninsured who live in low-income, medically underserved communities. Many children and their families do not have a medical home to ensure their access to primary care and preventive services. Child Health Clinics, operated by New York City's Health and Hospital Corporation, have played an important part in improving local accessibility to services. However, the number of these clinics has dwindled over the last 30 years, leaving some communities without nearby services.

In addition to the NYSHealth grant, the Commission received funding support for this project from the New York Community Trust, the United Hospital Fund, the New York City Council, the New York Health and Hospitals Corporation, Metroplus, and HealthFirst. That the Commission had engaged these outside funders made the project all the more attractive to NYSHealth.

The *Child Health Initiative* was a yearlong project organized by the Commission on the Public's Health System to appropriately commemorate the 100th anniversary of the City's Child Health Clinics. The Commission, in cooperation with members of a diverse planning committee, sought to underscore the importance of Child Health Clinics in providing access to primary and preventive health care in medically underserved areas, and to advertise their existence to low-income, immigrant families of color—leading to an increase in the number of children using safety net providers. The advertised information included how to access health insurance for children, the need for families to have a medical home, and the importance of ongoing comprehensive primary health care.

KEY INFORMATION:

GRANTEE

Commission on the Public's Health System

GRANT TITLE

Child Health Initiative

DATES

December 2007–December 2008

GRANT AMOUNT

\$153,000

Activities Under The Grant

Prior to the start of this grant, the Commission organized a planning committee for the *Child Health Initiative*, which was funded by a planning grant from the United Way of New York City. The planning committee included Children's Defense Fund-NY, Citizens Committee for Children, Head Start-New York, City Council Policy Division, Health and Hospitals Corporation, Doctors Council, Local 436-Public Health Nurses, American Academy of Pediatrics, NYS Region 3, New York Immigration Coalition, Coalition for Asian American Children and Families, and the New York State Nurses Association. The planning committee organizations, as expanded, worked together to oversee this project with the Commission.

Also prior to the grant period, the Commission held a kick-off forum on November 8, 2007, which initiated a yearlong celebration of the 100th anniversary of the City's Child Health Clinics. The forum attracted more than 200 participants, including parents, community organizations, schools, houses of worship, and health care providers. This event marked the first meeting of the groups that would eventually become leaders and members of the Commission's Borough Coalitions.

By December 2007, the Commission convened its Policy Committee, whose members included many of the original participants of its taskforce and added: the five borough coalition leaders, the Indochina Sino American Community Center, the New York Academy of Medicine, and Parent to Parent in New York State. This group met on a monthly basis and outlined a vision statement for the Child Health Policy Agenda. The taskforce also oversaw the development of the questionnaire to be used for surveying its target populations about their perceptions of their health care needs and available services. Some of the members of the Policy Committee and the borough coalitions had experience developing surveys, though none had any specific technical expertise in survey or statistical methods.

Agencies selected to serve as borough coalition leaders were selected through an RFP process by a subcommittee of the planning committee, which was also conducted prior to receiving the NYSHealth grant. Five sub-grants were awarded at the beginning of the NYSHealth grant period to Bronx Health Link (Bronx), Brooklyn Perinatal Network (Brooklyn), Northern Manhattan Improvement Corporation

PURPOSE OF THE GRANT: THE GRANTEE'S STRATEGY

The Commission on the Public's Health System's *Child Health Initiative* project was funded (\$153,000) under the New York State Health Foundation's (NYSHealth's) 2007 Special Opportunities Grant request for proposals (RFP) program. Under this RFP, NYSHealth was interested in supporting special opportunities that represented a one-time chance for an organization or group of organizations to impact the health of a large group of people or to significantly improve the State's health care system. NYSHealth was especially interested in funding non-traditional or pioneering ways of making a difference through this RFP. The Foundation considered this project a one-time funding opportunity to mobilize community groups to focus their attention on improving access to primary care for a particular population. The Foundation also felt that this project helped to fulfill the part of its mission related to informing and educating New Yorkers about public health issues, including preventive services, promoting healthy behavior and lifestyles, and public policy and health service delivery issues that can improve health outcomes.

Activities Under The Grant *Cont.*

(with a subcommittee for Lower Manhattan coordinated by the Indochina Sino American Community Center), Make the Road New York (Queens), and El Centro del Inmigrantes (Staten Island). Each organization was awarded a sub-grant of \$35,000 (\$5,000 was also awarded to Indochina Sino American Community Center) to carry out the work of the Initiative in its borough. Coordinated by the Commission, the borough coalition leaders met on a monthly basis to strategize and report on outreach, education, surveying activities, and best practices.

The borough coalitions, with the cooperation of the Health and Hospitals Corporation, were responsible for planning three events in each borough at their local Child Health Clinics. Each Coalition had a target of enlisting the support of 50 groups to help plan their events. The goal was to persuade families who were not affiliated with the clinics to attend one of the three events, enroll uninsured children in public health insurance plans, and talk to families about the importance of securing a medical home for their children. The Commission's Outreach/Education Coordinator worked with each of the Coalition leaders to build their coalitions and to support their outreach efforts.

Between January and October of 2008, the Commission, the borough coalition leaders, and the Policy Committee developed and implemented the survey form that would be administered primarily at the clinic events. The survey was field tested and edited, as well as translated into 12 languages. Although the initial intent was to also use the survey for teenagers and young adults, the Commission learned that doing so required parental consent. To ensure the perspective of teens was captured, the borough coalition leaders set up focus groups to elicit teenagers' opinions. Each borough coalition agreed to administer a minimum of 75 surveys and arrange two focus groups in their boroughs. The coalitions surveyed 659 parents and conducted 12 focus groups, using a convenience sample. That is, most of the surveys were administered during the planned events in each borough, though they attempted to mainly survey people who were not affiliated with any of the participating community groups. Thus, the results of the survey and focus groups represent a snapshot of the community and cannot be generalized to the city's population.

During the last phase of the grant, the Commission coordinated the planning, organization, and community outreach related to a "Blow-Out" forum and press conference held on December 6, 2008. This forum marked the end of the first year of the Child Health Initiative. The press conference was held to announce the release of its survey results *Voices from the Community* and the Policy Agenda: *Yes New York Can!* The Commission worked with

PURPOSE OF THE GRANT: THE GRANTEE'S STRATEGY

EXPECTED OUTCOMES

By mobilizing the community and highlighting the importance of Child Health Clinics, the Commission expected to achieve the following outcomes during the grant period:

1. Develop community and political support for Child Health Clinics
2. Create heightened awareness among hard-to-reach families of the availability and importance of primary health care at local Child Health Clinics and other community-based facilities
3. Increase the number of families and their children enrolled in health insurance plans
4. Increase the number of families and their children who have identified and regularly use an easily accessible medical home
5. Develop a health policy agenda for children, teens, and families

Activities Under The Grant *Cont.*

the Opportunity Agenda to produce a video called *Putting Our Future First* about the program year's organizing experience, which was shown at the Blow-Out event and is available on You Tube.

Also during the last phase of the grant, the Commission finalized the action plan for the continuation of the Child Health Initiative. The focus was sustaining and expanding the borough coalitions, and refining and implementing the health care priorities outlined in the Child/Teen/Family Health Policy Agenda, *Yes New York Can!*

Challenges

A challenge of any project of this scope is coordinating the work of many different people and organizations. Though difficult, this aspect of the project was also rewarding because the diversity of organizations and people involved were valuable to the development of the project. The Commission's approach to this project ensured that the voices of the community were reflected in its overall work. A few other issues were somewhat challenging:

- Many different individuals were involved in the project through their associated agencies. The Commission expended significant effort to coordinate input and ensure all individuals and agencies felt they had a voice. Because community organizations and residents are often left out of planning processes—even for their own communities—this was a notable undertaking.
- Finishing the defined outcomes on time to ensure that the publications were ready for the planned Blow-Out in December was difficult, but the Commission and its Borough Coalition partners realized their importance and met the deadline.
- Funding for this type of a project is scarce in today's economy. The Commission found it challenging to raise additional funds both during and after the project to continue its work.
- The Commission also found garnering media attention to be more difficult than anticipated. Using other grant funding, it hired two different media companies to help, but the majority of press coverage it received was a result of coalition members' efforts.

Program Results

Though the expected outcomes for this project were laudable, whether they were fully achieved was more vague. The project could be viewed as anecdotally having a positive impact on the community, but it was difficult to measure whether it achieved the desired level of awareness of Child Health Clinics and community and political support for them. Neither the Foundation nor the grantee developed a sharp enough set of objectives or measurement plan during the beginning stages of this project. For example, attending a clinic event does not necessarily translate into a complete understanding of the clinic's available services to community residents or—more important—actual use of these services.

The borough coalitions did enroll some people in public health insurance programs. However, while the clinic events were opportunities for enrollment, they were not the best approach if enrollment was

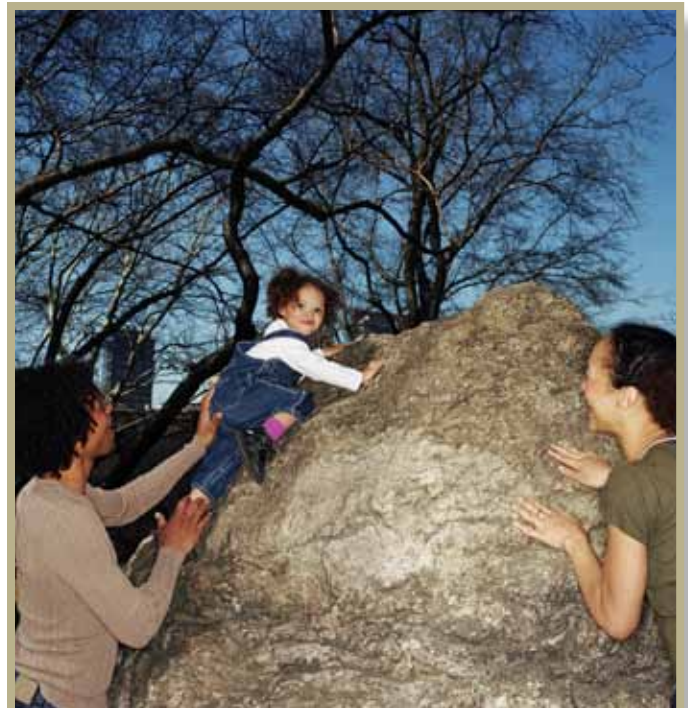
Program Results *Cont.*

truly a goal the Commission sought—fewer than 60 enrollments and re-enrollments were actually completed through the collective clinic events.

Though measurement of some of its broader objectives proved elusive, the Commission did accomplish the activities it proposed, including outlining a policy agenda for children, teens, and families. As planned, the Policy Committee of the Commission's project oversaw the development of a Child/Teen/Family Health Policy Agenda, *Yes New York Can!* This impact statement and plan for the future of children's health care is written from the community's perspective, thanks in part to the input of the borough coalitions. Each borough coalition developed its own agenda statement with priorities and proposals for action in their communities, based on the findings of the survey and the wealth of experience of the participants. The agenda aims to ensure that the acute, ambulatory, and long-term care services and facilities of New York City's delivery system are aligned with and highly responsive to the specific and declared needs of pediatric health care consumers and their families, regardless of diagnosis, race, ethnicity, language spoken, socioeconomic status, or community of residence. For example, the Manhattan Child Health Coalition identified nutrition and asthma as two public health concerns in their region. The Coalition recommended safety empowerment zones and mandatory school workshops to address nutrition and activity levels for local children. For asthma, the Coalition recommended more translators to address any language barriers of Chinese parents, assistance for local community members in navigating Medicaid, more school nurses who could work with the community to present health education to children, and child health centers as public health education sites that are integrated into the surrounding community.

The Policy Committee also developed a vision statement for the Agenda, which addresses children's need to grow up healthy and in healthy communities. The report includes data from Citizens' Committee for Children, along with maps produced by the Opportunity Agenda (using Citizens' Committee data) to display problem areas, such as poverty, lack of green markets, and infant mortality rates. The report has details and recommendations about school health policy, laws, rules, and regulations, prepared pro bono by Manatt, Phelps & Phillips, LLP with the assistance of two New York University law students. Because most children go to school, schools are a natural environment to keep track of children's health status, and if needed, to provide for or coordinate their health, dental, and mental health needs.

Each borough coalition reviewed survey data from its respective borough and used its experience living and working in their neighborhoods to develop policy initiatives and recommendations for actions for their boroughs.



Program Results *Cont.*

The Commission on the Public's Health System submitted a detailed report on the outcomes of each Borough Coalition:

- 1. BRONX COALITION:** Led by The Bronx Health Link, the Bronx Coalition consists of 13 organizations. By the close of the grant, the Coalition held its three required clinic events, which attracted more than 500 people. The Bronx Health Link employed detailed planning and outreach for each of these three events. At one event, people lined up one hour in advance of its start time. Although there was an interruption in the work of this coalition because of the abrupt departure of the person hired to coordinate this effort, the director and other staff capably worked to complete the required activities. The Coalition filed 10 health insurance applications at these events, with at least nine new children receiving Child Health Plus coverage.
- 2. BROOKLYN COALITION:** The Brooklyn Perinatal Network tapped its existing network of community-based organizations, facilitated health enrollers, and health care providers to build its coalition. Twenty-six organizations are now actively involved in the Brooklyn Coalition. More than 750 residents participated in the three required events. The Coalition used a variety of planning and outreach techniques to notify families about these three events. It also developed giveaways for the events, including magnets that listed the locations of its local child health clinics and back-to-school kits for children. The Brooklyn Coalition initiated at least 32 health insurance applications. At two of the events, 42 families took a tour of the clinic and received services. The clinics administered more than 150 health screenings for blood pressure, diabetes, and cholesterol. An estimated 3,000 pieces of literature were distributed at the events on a range of more than 20 topics.
- 3. MANHATTAN COALITION:** Initially, the Northern Manhattan Improvement Corporation focused on its primary community, Washington Heights, to bring in local organizations to its coalition. As planning began for events in other neighborhoods, the Manhattan Coalition grew and incorporated other groups from those communities. A number of City agency representatives also participated in this coalition effort, including the New York City Housing Authority, the New York City Department of Health and Mental Hygiene's Early Intervention Program, and the Office of Citywide Health Insurance Access. Forty-seven organizations are actively involved in the Coalition, including 13 from communities brought in by the Lower East Side's subcommittee, which is coordinated by the Indochina Sino American Community Center. The Manhattan Coalition planned four events—exceeding the target—and attracted almost 1,000 residents. The events were targeted to the populations living in their communities. Of the 1,000 attendees, the Coalition enrolled nine children and 10 adults in public health coverage, and initiated 23 additional applications. Families with a total of 24 children were helped to re-enroll in their health plans on-site. In Lower Manhattan, the Coalition filed four new applications.
- 4. QUEENS COALITION:** Make the Road New York recruited 16 organizations into its borough coalition and planned its three required events at parks near their Child Health Clinics. Emphasis was placed on organizing immigrant organizations to work together in planning these events. Several organizations were pleased to work together in this way on a joint project, as they had not in the past. Approximately 150 to 200 people attended the three events. The Queens Coalition assisted in filing four applications for public health insurance. It also helped enroll seven children in public

Program Results *Cont.*

health insurance coverage, and assisted the families of nine children with re-enrollment. It referred 40 children to the three clinics for services. Make the Road New York set up meetings with Child Health Clinic staff to work on extending the hours of service and improving the services.

5. STATEN ISLAND: Forty-five organizations and elected officials were involved in the Staten Island Coalition, which was led by El Centro del Inmigrantes. Of note, many immigrant residents, as well as established organizations, worked together to form the Staten Island Coalition. More than 500 residents participated in its events. The Staten Island Coalition assisted in filing 59 new applications for enrollment in public health insurance coverage, resulting in coverage for 38 children. It also enrolled 60 children in primary care for the clinics. The Coalition also sponsored public hearings with each of Staten Island's community boards to solicit input on the needs of residents and proposals for action.

Taken together, the five coalitions estimated almost 3,000 people in attendance at their clinic events, though the Commission suspects many more were actually in attendance. The coalitions estimated attendance using sign-in sheets, so their attendance numbers were likely undercounts.

The coalitions also collectively:

- filed 128 applications for public health insurance;
- enrolled 74 children and adults in public health insurance;
- re-enrolled 33 children in public health insurance;
- referred 100 children for services in Child Health Clinics; and
- provided an opportunity for community-based organizations to talk with community residents about their programs and provide written health education information.

Community outreach and education were a key component of the Child Health Initiative. Each coalition leader used different strategies to interface with their respective communities. The Commission on the Public's Health System's Outreach/Education Coordinator worked closely with each coalition leader to help maximize their outreach efforts.

Coalition leaders were both thorough and creative in their outreach methodologies. Prior to clinic events, the Bronx and Brooklyn coalitions employed community scanning and mapping techniques to canvass the areas immediate to the sites designated for the events, and directly contacted community organizations and schools for their assistance with distributing flyers. Perhaps one of the most active outreach efforts was conducted by the Manhattan Borough Coalition, which attracted almost 1,000 residents to its events. The Manhattan Coalition involved schools through Parent Coordinators, public housing residents through Tenants' Associations at the New York City Housing Authority's developments, and parishioners through a network of churches in Central Harlem. The East Harlem event was held at Beacon School where staff engaged young people and their parents in publicizing the existence of Child Health Clinics. For this event, a teenage member convinced everyone to work with her on organizing a "High School Olympics" in East Harlem to attract additional young people and their families to the events. On the Lower East Side, they held a talent show, which included ethnic dancing and songs from many countries. More than 500 residents participated in this event, which took

Program Results *Cont.*

place at a park within a New York City Housing Authority development in front of the Baruch Child Health Clinic.

Staten Island’s coalition also merits note. While the Commission had never done advocacy work in this borough—which was traditionally a middle- to upper-class region of New York City—the demographics of Staten Island have become significantly more diverse in recent years. The timing was right for a coalition effort of this magnitude and on this topic. In particular, some community health clinics had closed on Staten Island, leading to crises in access to care. What was most interesting about this coalition’s efforts was that it worked with borough government leaders and became a part of important conversations to help improve services on the Island. Through this organizing effort, people from immigrant communities were brought to the table with the traditional decision-makers and were involved in planning improvements. In addition, the Staten Island Coalition’s focus was broader than access to health care for children and young people. Its focus included access to care for children and parents, treatment for special needs populations (e.g., patients living with HIV/AIDS), and coordination of care within the local health care system. To fully understand the needs of its constituents, the Coalition incorporated public hearings with the community planning boards.



The Commission fielded a survey of its target populations through each borough coalition to document the unfiltered assessment of community residents’ health care needs and the perceived availability, accessibility, and quality of borough-specific community health care services. The survey—which was translated into 12 languages—garnered responses from 659 parents, far exceeding the desired minimum of 200 responses. In addition to the surveys, the borough coalitions organized and administered 12 focus groups of young people. The Commission tabulated and analyzed the data, which appears in its report, *Voices from the Community*, written by the Commission on the Public’s Health System’s Director.

The surveys and focus groups covered a range of topics, including demographics, health status, information/communication issues, insurance status, and access to health care. Though some of the insurance coverage and primary care access results were more positive than expected, this population still faces daunting health care issues. Overwhelmingly, parents reported that their children had specific health issues like asthma, overweight or obesity, dental problems, and attention or behavior problems. Fifteen percent of parents reported that one of their children had been hospitalized in the past 12 months, and 37% of parents reported that one of their children had visited the emergency department in the past 12 months. Many parents reported communication issues with their providers, including both language barriers and cultural insensitivity.

The Commission on the Public's Health System and the Borough Coalition leaders held a community forum/press conference to announce the release of *Voices from the Community* and *Yes New York Can!* The press conference was timed to coincide with the December 6, 2008 Blow-Out event that marked the end of the first year of the Child Health Initiative. As a lead-up to the event, *El Diario/La Prensa* printed an opinion editorial by Judy Wessler and Joann Casado of the Child Health Initiative. Dr. Max Gomez of WCBS-TV News moderated the Blow-Out event. Approximately 350 people attended this event, including many parents with children. An article about this event appeared in *Our Time Press* and *Epoch Press*. *Crain's Health Pulse* and the *Staten Island Advance* also wrote pieces about the findings of the study.

In addition to the Blow-Out event, the Commission held another event on the steps of City Hall and delivered copies of its reports to Mayor Bloomberg and City Council.

Lessons Learned

The following lessons emerged as a result of this project:

- **BRINGING DIVERSE COMMUNITIES TOGETHER TO WORK ON A PROJECT IS NOT EASY.** Many of the associated organizations had not worked together in the past. The Commission and borough leaders helped to bring many agencies to the table and convince them that they have the expertise to develop policy proposals for their communities. While community organizations often feel uncomfortable in developing policy, they are the experts in the needs of their communities and in proposing how to meet these needs. This Commission was formed to help them provide this important input.
- **FINDING THE RIGHT LEADERSHIP TO RUN A COALITION IS CRITICAL.** All of the coalition leaders associated with this effort brought their own style and strengths to the work of the coalitions. The Commission offered support and assistance for the public policy and organizational aspects of this project.
- **HAVING EXPERIENCE IN CONDUCTING OUTREACH IN DIVERSE COMMUNITIES HELPS FACILITATE THIS KIND OF PROJECT.** The ability, experience, and network connections of the Commission on the Public's Health System's Outreach Coordinator facilitated the work of the borough coalitions.
- **HAVING A SHARP, CLEAR SET OF PROGRAM OBJECTIVES AND AN EVALUATION PLAN SHOULD NOT BE OVERLOOKED.** This project may have had a more dramatic impact on the community and policy than is known, but without an adequate measurement scheme recorded attendance at clinic events is the only available data.

The Future

With the support of NYSHealth and other funders, the Commission achieved its overall goals for Phase 1 and 2 of its project—to develop a consumer-driven, information-based Child Health Policy Agenda and other program products to engender self-interest, stir self-advocating action, and empower individual health consumers, families, and communities to become a part of the health policy-making process. Before the NYSHealth grant closed, the Commission began submitting

proposals for additional funding to a wide range of funding sources. It received additional funding from United Hospital Fund to work on a survey of cultural competence with two of the borough coalition leaders (Brooklyn and the Bronx). The City Council also awarded a grant to the Initiative to continue its work. It has other grant applications pending, but it has been a difficult environment for the Commission's fundraising efforts. Most nonprofits are feeling the brunt of the economic downturn, and the Commission is no stranger to this pinch.

As for the coalitions, Brooklyn and Staten Island's groups continue to have meetings. Brooklyn is working on a peer coordinator pilot volunteer program in one of the Child Health Clinics in the borough. This volunteer program would address a major finding—individuals in Brooklyn find the health system difficult to navigate. Peer coordinators will help individuals find their way through the health care system and coordinate their care. This coalition will also track whether the peer coordinator model works. The Staten Island Coalition continues to work for additional services, is developing a brochure about the availability of services, and is monitoring the availability of health care in new mobile health units for the borough.

The Commission continues to stay in touch with all coalition members and has occasional meetings. It is also arranging presentations for various policy leaders to describe their findings and recommendations. The Commission has conducted presentations for the New York City Controller's Office, City Council members, the leadership of the Health and Hospitals Corporation, and Deputy Mayor Gibbs's staff. It also conducted a presentation and had follow-up conversations with officials from the New York City Department of Health and Mental Hygiene. The Commission attributes these presentations and discussions with influencing the Department's decision to incorporate questions about children's health in its telephone survey, with the results slated to appear in *Take Care New York 2012*. In addition, the Commission has had discussions with the Deputy Commissioner for Prevention and Disease Control about a potential joint project that addresses nutrition and diabetes.

The Commission has also maintained communication with all of the members of the Policy Committee and hopes to reconvene this body.

An important question, however, is whether this program is not only sustainable, but replicable. While there was value in running the borough coalitions—the nearly 3,000 people who attended these citywide events presumably gained some



knowledge about Child Health Clinics, insurance, and how to navigate their local health care—the Commission is struggling to find funding to continue to support these efforts. Whether the resulting policy agenda will have enduring impact is unclear. In terms of replication, building and sustaining these coalitions, as well as finding the right leadership, is difficult work. The more successful coalitions had dynamic leadership, which is not easy to find.

Because the Commission learned so much about coordinating a project involving many people and organizations, it plans to create a toolkit that details the efforts involved. This toolkit could help in encouraging replication of this effort.

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Raising Awareness About Child Health Clinics: The Child Health Initiative Celebrates 100 Years of Child Health Clinics

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Commission on the Public's Health System (CPHS) was formed in 1991 out of a strong belief that decisions about health care must include public input and address the diverse needs of New York City communities. The mission of CPHS is to fight for equal access to quality health care services regardless of race, ethnicity, language spoken, or ability to pay. The Commission mobilizes the community around concerns regarding public hospitals and other public health and access to care related issues. It also provides technical assistance, training, and support for community organizations, health care advocates, patients, and anyone else who is interested in learning more about public health.

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