**New York City**

Researchers found high rates of uncontrolled hypertension in homeless New Yorkers: Last week, the New York University Langone Medical Center released the results of a study which determined that homeless individuals in New York City have “alarmingly high” rates of uncontrolled hypertension. The researchers aimed to assess the rates and predictors of uncontrolled hypertension among homeless adults and the “non-homeless”, low-socioeconomic adult population. To do so, they used a retrospective chart review of New York City shelter-based clinics. The review analyzed a random sample of 210 hypertensive patients, and found that 40 percent of homeless patients had uncontrolled hypertension, and 16 percent had stage two hypertension. Nearly all of the charts reviewed were for African American or Hispanic individuals, and 84.3% were homeless for an average of approximately 3 years. The researchers also found that lack of health insurance was a strong predictor of uncontrolled blood pressure, as this limits access to a consistent medication regimen and contributes to missed follow-up visits with medical providers. Additionally, they believe the lack of access to healthy food choices and exercise is a likely contributor.

- **What is hypertension?** Hypertension, also known as high blood pressure, is a chronic medical condition where the blood pressure in the arteries is elevated. Over time, hypertension results in the narrowing of blood vessels, which can lead to complications such as an enlarged or weakened heart, aneurysms, possible kidney failure, or heart attack, among other potential health consequences. The increasing prevalence of high blood pressure in the US is believed to be a result of poor lifestyle factors such as lack of physical activity, a salt-rich diet with processed and fatty foods, and alcohol and tobacco use.

- **What can you do?** To reduce hypertension, providers recommend restricting salt intake and alcohol consumption, maintaining an appropriate weight, getting regular physical exercise, and eating more fruits and vegetables.

The researchers proposed providing opportunities at shelters or shelter-based clinics for social and system supports. This includes elements of the chronic care model, targeted outreach to support health behavior change, collaborative goal setting, and reminders and feedback for patients – and improved access to medical insurance and medication adherence.

**New York State**

Governor Cuomo gave his State of the State address, proposing paid family leave: Last Wednesday, Governor Cuomo unveiled his 2016 State of the State address, wherein he included a proposal to allow individuals up to 12 weeks of paid family leave. Each week, employees would be able to earn up to $509 while on leave from work. Specifically, the legislation would initially allow employees to get 35 percent of their average weekly pay, increasing to 40 percent in 2019 and 45 percent in 2020, before capping at 50 percent. The program is proposed to be funded through employee paycheck deductions, which will max out at 60 cents per week. Individuals must be employed at an organization for four weeks before they become eligible to participate. If passed, the bill would be enacted January 1, 2018.

- **What is paid family leave?** The proposed legislation defined family leave as “any leave taken by an employee from work to participate in providing care, including physical or psychological care, for a family member of the employee made necessary by a serious health condition of the family member; or to bond with the employee’s child during the first twelve months after the child’s birth, or the first twelve months after the placement of the child for adoption or foster care with the employee; or because of any qualifying exigency as interpreted under the family and medical leave act, arising out of the fact that the spouse, domestic partner, child, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the armed forces of the United States.”
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- Impetus for the proposal: The Governor indicated that the motivation for the legislation comes from regretting not spending more time with his father, former New York State Governor Mario Cuomo, towards the end of his life. The proposal is a significant position shift for the Governor. Last year Governor Cuomo indicated that the legislature would not be interested in paid family leave legislation.

The State of the State also included a pledge to spend $91 million to increase cancer screenings and research, targeted at increasing New York State breast cancer screening rate by 10 percent by 2021. The proposal included $59.5 million for increasing mobile mammography vans, $11.6 million for patient navigators, $5 million in venture capital funding for breast cancer research, a recommendation that private companies offer four hours of paid family leave for breast cancer screenings, and a requirement that hospital based screening facilities open earlier and stay open later at least once a week so that women can attain a screening outside of the 9-to-5 window.

Governor Cuomo also outlined a proposal to allow minors to receive HIV treatment without parental consent: In his executive budget document, viewable HERE, Governor Cuomo outlined a proposal titled, “Broaden HIV testing and treatment consent laws for minors.” The proposed legislation would expand the ability of minors to consent to HIV treatment as well as HIV preventative services, such as Pre-Exposure Prophylaxis (PrEP). Under current law, those under 18 (minors) can consent to STD and HIV testing without parental or guardian consent. If a minor tests positive for an STD, they are able to receive treatment without the consent of a parent or guardian. However, if a minor tests positive for HIV, they are unable to receive treatment without the consent of a parent or guardian, “even in cases where the minor has been abandoned or abused by their parents.” This leads to delayed treatment or no treatment at all, and is particularly problematic in the case of homeless youths.

- The impact of this legislation: The Governor’s proposal cites that young persons have the highest rate of newly diagnosed HIV infection in New York State. LGBT teenagers, particularly transgender teenagers, have a higher likelihood to be abandoned by their families – resulting in the need to engage in activities such as sex work to generate an income. The increase in homeless LGBT youth was addressed last year when state legislators announced that approximately 5,000 homeless youth are LGBT, and allocated $4.5 million to pay for 1,000 beds in homeless youth shelters. Mayor De Blasio announced a plan to increase this by 300 additional beds last week.

In June 2014, Governor Cuomo released a plan titled “Ending the Epidemic” to reduce the number of new HIV infections in New York to 750 by 2020. The plan works through identifying individuals with HIV, linking and retaining persons diagnosed with HIV to health care, and facilitating access to Pre-Exposure Prophylaxis (PrEP) for high risk individuals to keep them HIV negative. To view the blueprint, click HERE. Activists were disappointed that the plan did not originally address the impact of HIV on youth, and have pressed the Governor to address the lack of access to treatment and PrEP in the adolescent community.

Who we are
Community Healthcare Network (CHN) is a not-for-profit network of 14 health centers, including a school based health center and two medical mobile vans. We offer free and low cost quality primary care to 85,000 New Yorkers annually in underserved communities in the Bronx, Brooklyn, Manhattan and Queens. As a certified Patient-Centered Medical Home, we offer patients a specialized care team, including primary care physicians, nurses, nutritionists, dentists, gynecologists, mental health therapists, social workers, and health educators. We have been in our communities for over