Online Apendix to Reducing Frictions in Healthcare Access: The ActionHealthNYC Experiment for Undocumented Immigrants

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APPENDIX A Additional Details on ActionHealthNYC

Figure A2. Enrollment Flow Chart

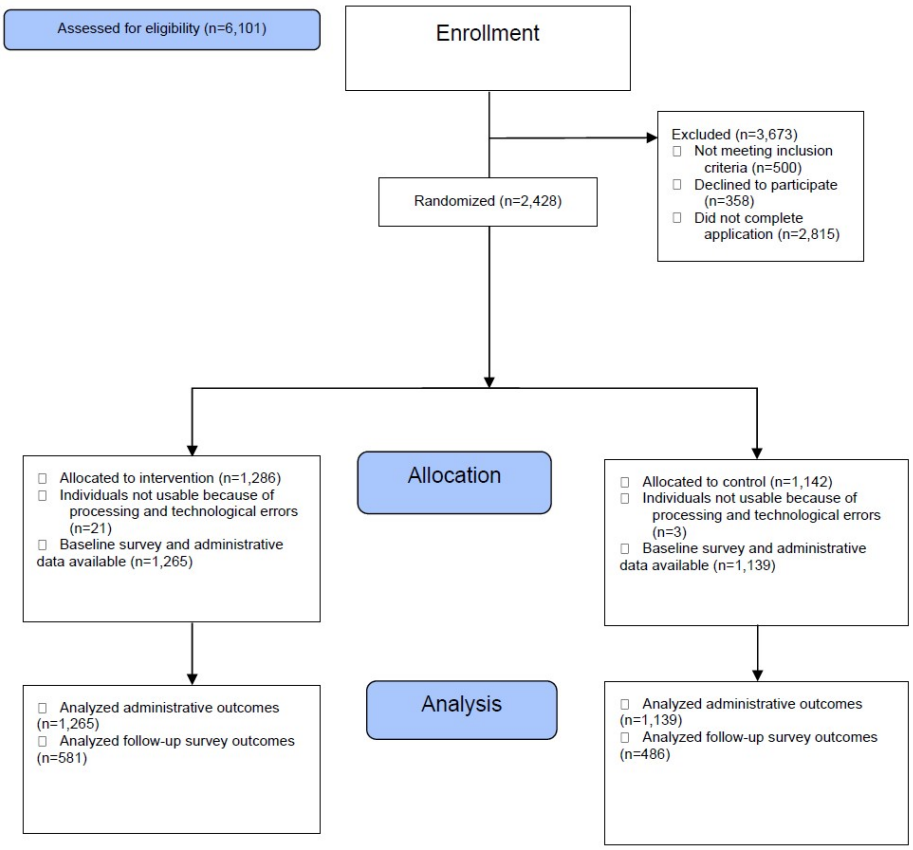


Table A1— Fee-scale across sites before ActionHealthNYC

	0-150% of the FPL				
	H+H	CHN	CBW	WR	UHP
Doctors' office visit	$15	$15	$30	$50	$15
Dental	$15	$50	$15	$50	$15
ED at H+H**	$3 $\leq$ 138% FPL / $15 $>$ 138% FPL				
Outpatient surgery at H+H	$150				
Inpatient stay at H+H	$150				
RX at H+H	$2				

Note: Abbreviations: FPL, federal poverty level; ED, emergency department; RX, prescription. We report out-of-pocket costs for our partner facilities: Health+Hospitals (H+H), Community Health Network (CHN), Charles B. Wong (CBW), Ryan-NENA Community Health Center (WR), and Urban Health Plan (UHP). Our two H+H facilities included H+H Gouverneur Health and H+H Elmhurst Hospital Center. Our seven FQHC sites included: three Charles B. Wang Community Health Centers, two Community Healthcare Network clinics, Ryan-NENA Community Health Center, and Plaza Del Sol Health Center. Cost-sharing linearly increases with income. We focus on the 0-150% FPL group to give a sense of magnitude and because 94% of the ActionHealthNYC population is below 150% of the FPL. **The $3 copay only applies to individuals with incomes below 138% of the FPL presenting with a life-threatening condition covered under Emergency Medicaid. For those between 138%-200% who did not qualify for Emergency Medicaid, individuals saw ED costs of $15. Information describes the landscape before ActionHealthNYC and was therefore what the control group faced during the treatment window. ActionHealthNYC standardized fee-schedules to the H+H level.

Figure A3. Timeline and Data Sources

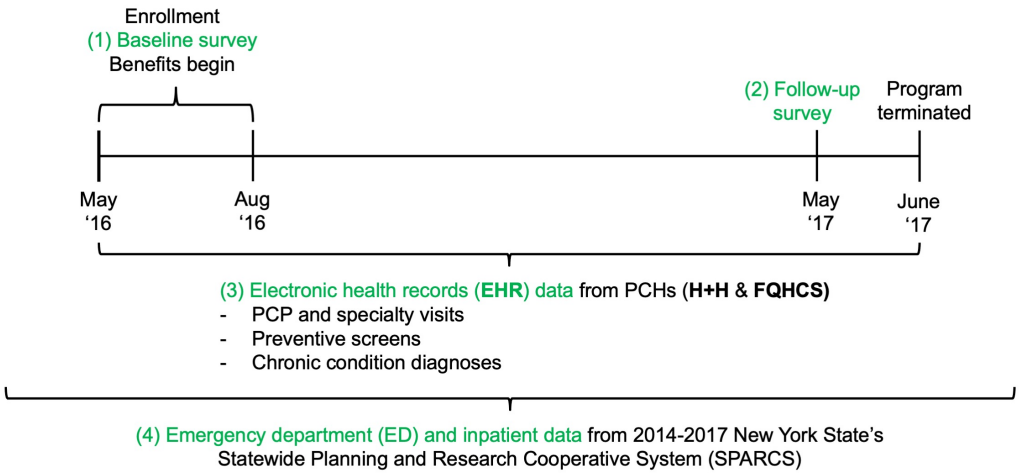
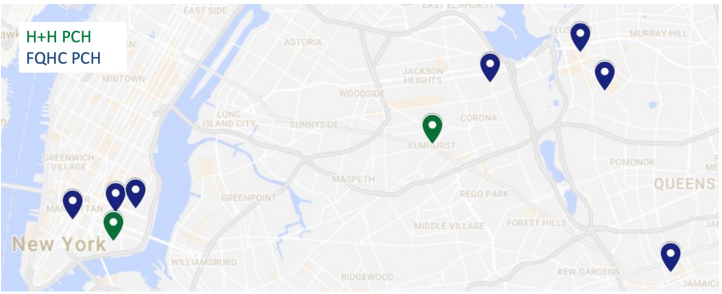


Figure A4. H+H and FQHC Network



APPENDIX B Information for Treated at Enrollment

Your Membership Information

Name _____

Date of Birth _____

IDNYC #_____

Income Group A Income Group B

Your Primary Care Home

Your first appointment through ActionHealthNYC is _____ (date) at _____ (time)

You selected the following location where you will get most of your health services:

Ryan-NENA Community Health Center
279 East 3rd Street, New York, NY 10009

Plaza Del Sol Health Center
37-16 108th Street, Corona, NY 11368

Community Healthcare Network Abate Health Center
150 Essex Street, New York, NY 10002

Community Healthcare Network Family Health Center
90-04 161st Street, 5th Floor, Jamaica, NY 11432

Charles B. Wang Community Health Center
268 Canal Street, New York, NY 10013

Charles B. Wang Community Health Center
136-26 37th Avenue, Flushing, NY 11354

Gouverneur Health
227 Madison Street, New York, NY 10002

Elmhurst Hospital Center
79-01 Broadway, Queens, NY 11373

All health care facilities in New York must offer language interpreter/translator services

Let your Primary Care Home know when:

- Your contact information changes
- You have questions or concerns about your health
- You have questions about paying for health care services
- You need help making or changing appointments or getting your medications
- You go to an Emergency Room or hospital other than your Primary Care Home
- You need a procedure or surgery done or have to stay overnight at a hospital
- You need a referral to a specialist doctor for special testing or care

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Fees for Health Services

Use this table to estimate the fee for different types of health services.

Step 1: Find your family size (the number of adults and children you live with including yourself)
Step 2: Look to the right to find your yearly income
Step 3: Look down to find how much you will pay for different health care services

Family Size	Yearly Income	
	Equal to or less than	**Between**
1	$17,820	$17,821 - $23,760
2	$24,030	$24,031 - $32,040
3	$30,240	$30,241 - $40,320
4	$36,450	$36,451 - $48,600
5	$42,660	$42,661 - $56,880
6	$48,870	$48,871 - $65,160
7	$55,095	$55,096 - $73,460
8	$61,335	$61,336 - $81,780
	If you found your income above	***If you found your income above***
Service	***Look at the fees below***	***Look at the fees below***
Clinic visit/check-up (primary or specialty care)	$15	$20
Emergency room visit	$15	$20
Family planning counseling visit (like birth control)	$0 - $15	$20
Outpatient surgery (do not have to stay at hospital)	$150	$250
Hospital stay	$150	$300

Example: An individual with a family of 4 making $38,000 per year will pay $20 for a clinic visit.*

Medications: Ask your doctor for pharmacy referrals where lower cost medications are available for people without insurance. In addition, you can show your IDNYC card at many pharmacies for discounts on some prescription medications through the BigAppleRx program.

**If you cannot pay for certain services or have other questions about costs, call your Primary Care Home. They will work with you to help you get the care you need.*

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How to Get Health Care and Services

ActionHealthNYC is a new program to help you get low or no-cost health care and services. Through the program, you choose a place where you will get most of your health services. That place is called your **Primary Care Home**. Choosing one place helps make your health care affordable and helps you have a regular doctor.

Go to your Primary Care Home as the first stop for your health care needs.

Your Primary Care Home is the main place where you get health services, like:

- Regular check-ups, shots and screenings for diabetes, blood pressure, cancer and other health conditions
- Mental health and substance use services
- Family planning counseling and medications (including birth control)
- Services for health conditions you have now or develop in the future

If you need to see a specialist, your Primary Care Home can help you find one that will provide the needed service under the program's low-cost or no-cost fee scale.

Making the most of your visit

Your health care starts with regular check-ups. Here are some helpful tips:

Before your visit

- Bring your IDNYC card with you—your IDNYC card will be used as your ActionHealthNYC membership card
- Write down questions or concerns you have about your health, and bring them to your visit
- Know your family's and your medical history
- Bring the bottles or make a list of all of the medications you are taking. Include vitamins or other non-prescription remedies and supplements you take regularly

During your visit

- Share your health concerns, medical history and medications that you take
- Feel free to ask all of the questions you have about your health and ask for clarification if needed
- Ask if you need to call for any test results and when your next appointment will be
- Ask for a copy of your care plan, which describes your upcoming appointments and other important information
- Ask for pharmacy referrals where lower cost medications are available without insurance

After your visit

- Follow the instructions your doctor gave you during the visit
- Pick up and take your medication prescriptions
  - If you are unsure about how to take your medications, ask the pharmacist or call your Primary Care Home
- Call your Primary Care Home if you have questions or concerns about your health
- Keep medical information, like doctor's instructions, medications and test results, in one place

Put your health first

- ✓ Keep all of your clinic appointments
- ✓ Get health screenings your doctor recommends
- ✓ Follow doctor's advice about managing conditions like diabetes or high blood pressure
- ✓ Don't wait to see what happens when you feel sick; schedule a doctor's appointment
- ✓ Make time to exercise, relax, and sleep
- ✓ Eat a balanced diet of nutritious foods
- ✓ If you smoke, quit smoking. Talk to your doctor at your Primary Care Home or call 311

Pay a fee based on your income, family size and the services you get

When you go to your Primary Care Home for an appointment, you may be asked to pay a fee. The fee will be based on your income, family size and the services you get. The fees will be the same for any health center or hospital you go to within the **ActionHealthNYC** network. The "Fees for Health Services" table on Your Membership Information sheet shows more information about costs. If you get health care services outside of the **ActionHealthNYC** network of providers you could be billed more for the services.

Emergency room visits and hospitalizations at NYC Health + Hospitals locations are covered for **ActionHealthNYC** participants according to the "Fees for Health Services" table on Your Membership Information sheet. If you go to an emergency room at another hospital in New York City they will also care for you, regardless of your immigration status and ability to pay. **You will not be turned away.** All hospitals in New York City offer financial assistance and affordable payment plans. If you receive a bill that you are unable to pay, ask the hospital billing department about your options.

All New Yorkers are entitled to interpreter and translator services in health care facilities, including in emergency rooms and hospitals.

For more information, visit nyc.gov/ActionHealthNYC

or call 311 and ask about ActionHealthNYC

Services and Benefits Available to NYC Residents Regardless of Immigration Status

Public Education

- **Pre-kindergarten (age 4):** All children who live in New York City and are 4 years old on or before December 1 of the current year are eligible to attend a free pre-kindergarten program. Call (718) 935-2009 or go to nyc.gov/prek.
- **Public school (age 5-21):** All NYC residents have the right to attend public school until graduation or until the end of the school year in which they turn 21 years old. For help enrolling in school or finding the right school placement or English Language Learners program, call 311 about "education."
- **College/university:** All residents of New York State are eligible to pay in-state tuition at City University of New York (CUNY) and State University of New York (SUNY) colleges and universities. For information on CUNY, call (800) CUNY-YES(286-9937) or go to cuny.edu. For information on SUNY, call (800) 342-3811 or go to suny.edu/attend.

After-School and Community Programs

- The NYC Department of Youth and Community Development (DYCD) provides after-school and community programs for children and families, including free after-school help, information about jobs and internships, English-language and adult education, and free immigration legal help. Call (800) 246-4646 or go to nyc.gov/dycd.

Child Care and Early Childhood Education

- **Child care:** The Administration for Children's Services (ACS) provides free or low-cost child care services for low-income families with children ages 6 weeks through 12 years old. Children with special needs may be eligible through age 18. Call 311 about "child care."
- **Head Start (age 3-4):** Children from low-income families are eligible for free early childhood education. Call (212) 232-0966 or visit nyc.gov/acs.

Health Care

- **Child Health Plus:** All children under the age of 19 in New York State are eligible for Child Health Plus public health insurance coverage for free or at low cost, depending on family income. For more information, call (800) 698-4543 or go to health.ny.gov/health_care/child_health_plus.
- **Emergency Medicaid:** Emergency Medicaid will provide medical payment for care and services necessary to treat an emergency medical condition. It is available to low-income individuals in New York State. You can sign up at a hospital during an emergency. To sign up in advance, call (718) 557-1399 or go to nyc.gov/html/hra/html/services/medicaid_offices.shtml to find a Medicaid Office in your neighborhood.
- **Affordable health care clinics:** You can find affordable hospitals and health care clinics in your neighborhood at nyc.gov/hhc or http://findahealthcenter.hrsa.gov. Insurance is not required.

Food Help

- **Emergency Food Assistance Program:** More than 550 food pantries and community kitchens across the city can provide free food in an emergency. Call 311 about "emergency food assistance."
- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC):** The WIC program provides food, nutrition education, and referrals to low-income pregnant women, breastfeeding women, infants, and children up

to age 5. Call (800) 522-5006 or go to health.ny.gov/prevention/nutrition/wic.

Family Support

- **Preventive services:** The Administration for Children's Services (ACS) provides free counseling and support to families to ensure that children are safe in their homes and prevent children from entering foster care. Call (800) 342-7472 or go to nyc.gov/acs.

Workplace Protections

- **Paid sick leave:** If your employer has 5 or more employees and you work at least 80 hours per year, then you have the right to earn paid time off when you are sick or to care for a sick family member. Call 311 about "paid sick leave" or go to nyc.gov/PaidSickLeave.
- **Workers' compensation:** If you get hurt or disabled because of your job, you may be eligible for weekly cash payments and free health care, even if you are paid in cash, paid off the books, paid as independent contractors, or otherwise not reported to the government as an employee. Call the New York State Workers' Compensation Board at (800) 877-1373 or go to wcb.ny.gov.

IDNYC Photo Identification Card

- IDNYC is a government-issued photo identification card available, regardless of immigration status, to all New York City residents age 14 and up. You can use your IDNYC card to access NYC services, as proof of identity with the police, to open a bank account, and more. For more information and to make an appointment, call 311 about "IDNYC," go to nyc.gov/idnyc, or text "IDNYC" to 877877.

Financial Advice

- The NYC Department of Consumer Affairs' Office of Financial Empowerment can help low-income New Yorkers open a bank account, check credit scores, reduce debt, and file taxes. Call 311 about "financial empowerment" or go to nyc.gov/ofe.

Homelessness Prevention

- The NYC Department of Homeless Services "Homebase" program can help prevent evictions, provide financial counseling, and help NYC residents apply for other resources to stay in their homes and avoid entering the shelter system. Call 311 about "Homebase."

Domestic Violence

- **Telephone hotline:** For confidential help with safety planning, referrals, and connections to emergency housing for victims of domestic violence, call (800) 621-HOPE(4673) or call 311 about "domestic violence."
- **In-person assistance:** The Mayor's Office to Combat Domestic Violence operates Family Justice Centers throughout New York City to provide many support services for victims of domestic violence, elder abuse, and sex trafficking. Call 311 about "Family Justice Centers" or go to nyc.gov/domesticviolence.

Emergency Help with Expenses ("One Shot ")

- If you need emergency financial help to prevent eviction, pay your energy or utility bills, or buy health-related items, you can apply to the NYC Human Resources Administration for a one-time emergency grant, also called a "One Shot" grant. For more information, call (718) 557-1399.

ActionNYC

GET FREE & SAFE IMMIGRATION HELP

New York City has an exciting new program called ActionNYC that connects all immigrant New Yorkers with free, safe immigration legal help.

ActionNYC is:

FREE: There is no cost to you to receive immigration legal help.
You will have a chance to meet privately with an immigration expert.

SAFE: This is a City of New York program. Your information will be private and won't be shared with others. Only the organization helping you with your case will have access to your sensitive information.

Make your appointment TODAY!
Call 1-800-354-0365 Monday through Friday from 9AM-6PM
OR
Call 311 and say "ActionNYC"

nyic NEW YORK IMMIGRATION COALITION
DRUM DESIS RISING UP AND MOVING
ATLAS: DIY
Center for Family Life in Sunset Park SCO Family of Services
CATHOLIC CHARITIES ARCHDIOCESE OF NEW YORK Providing Help. Creating Hope.
LSA family health service
MAKE THE ROAD NEW YORK
THE CENTER FOR POPULAR DEMOCRACY
Arab American Association of New York
ActionNYC
CAMBA where you can
亞洲人平等會 Asian Americans for Equality
NMIC NORTHERN MANHATTAN IMPROVEMENT CORPORATION
BronxWorks Lifting Lives. Building Futures
English Welcome Packet
NYLAG NEW YORK LEGAL ASSISTANCE GROUP
CUNY The City University of New York
NYC Mayor's Office of Immigrant Affairs

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Additional Resources

These agencies also offer supportive services:

Administration for Children's Services (ACS)
- Dial 911 in an emergency
- Office of Advocacy (212) 676-9421
- (877) KIDS-NYC

Advocates for Children of New York (AFC)
- (212) 947-9779

City of New York Information Line
- 311

Coalition for the Homeless
- (212) 776-2000

Department for the Aging (DFTA)
- 311 (Request a Social Service Specialist)

Department of Youth and Community Development (DYCD)
- (800) 246-4646

Human Resources Administration (HRA)
- Constituent Services (212) 331-4640
- Infoline (718) 557-1399

Mayor's Office of Immigrant Affairs (MOIA)
- (212) 788-7654

Mayor's Office of Veterans' Affairs (MOVA)
- (212) 442-4171

New York City Business Link
- (877) 585-JOBS

NYC Commission on Human Rights
- (212) 306-7560

Safe Horizon (Domestic Violence) Hotline
- Dial 911 in an emergency
- (800) 621-HOPE

Mayor Bill de Blasio

Commissioner Gilbert Taylor

33 Beaver Street
New York, NY 10004

Ombudsman@dhs.nyc.gov
(800) 994-6494

www.nyc.gov/dhs

English Welcome Packet

English V.1

NYC Department of Homeless Services

Office of the Ombudsman

NYC Department of Homeless Services

The DHS Office of the

Ombudsman

supports NYC's families, children, and adults with any issues relating to homelessness. The office is led by highly-trained professionals who have extensive experience supporting and empowering NYC's vulnerable population.

What do Ombudsman Constituent Services Representatives do?

Representatives can tell you more about the services available to assist you before, during, and after receiving shelter services. They will help you understand your rights and responsibilities while in shelter, as well as in the community. Representatives are independent Department of Homeless Services staff and do not work for shelter providers.

Representatives can help to communicate your grievances and investigate them on your behalf. They can also bring issues to the attention of DHS, shelter providers, and other agencies to help you reach a solution.

Representatives are available to help you with:

- Understanding your rights and responsibilities in shelter and in the community
- Addressing shelter concerns
- Mediation and conflict resolution
- Understanding rental assistance eligibility
- Prevention and aftercare support
- Connecting to other city and community services

How can I reach the Office of the Ombudsman?

You can email the Office of the Ombudsman at any time. Our email address is **Ombudsman@dhs.nyc.gov**.

You can also call us at (800) 994-6494.

Staff is available to take your call Monday through Friday, between the hours of 9 a.m. and 5 p.m.

Can I meet with a Representative?

Yes! The Office of the Ombudsman will assist you in person Monday through Friday, between the hours of 9 a.m. and 4 p.m.

You can also schedule an appointment by calling our toll-free number below.

The office is located at:

NYC Department of Homeless Services
33 Beaver Street
New York, NY 10004

Ombudsman@dhs.nyc.gov

(800) 994-6494

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APPENDIX C Information for Controls at Enrollment

Affordable Health Care Options

Low or No-Cost Medical Care is Available at the Following NYC Health + Hospitals Health Care Facilities:

Bronx

Jacobi Medical Center
1400 Pelham Parkway South
Bronx, NY 10461
(718) 918-5000

Lincoln Medical and Mental Health Center
234 East 149th Street
Bronx, NY 10451
(718) 579-5000

North Central Bronx Hospital
3424 Kossuth Ave
Bronx, NY 10467
(718) 519-5000

Segundo Ruiz Belvis Diagnostic and Treatment Center
545 East 142nd Street
Bronx, NY 10454
(718) 579-4000

The Health Center at Tremont
1826 Arthur Ave
Bronx, NY 10457
(718) 918-8750

Daniel Webster Houses
401 East 168th Street
Bronx, NY 10456
(718) 538-1982

Gunhill Community Health Center
1012 East Gunhill Road
Bronx, NY 10469
(718) 918-8850

Morrisania Diagnostic and Treatment Center
1225 Gerard Ave
Bronx, NY 10452
(718) 960-2777

Melrose Houses
348 East 156th Street
Bronx, NY 10451
(718)292-2820

Brooklyn

Coney Island Hospital
2601 Ocean Parkway
Brooklyn, NY 11235
(718) 616-3000

Kings County Hospital Center
451 Clarkson Ave
Brooklyn, NY 11203
(718) 245-3131

Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206
(718) 963-8000

East New York Diagnostic and Treatment Center
2094 Pitkin Ave
Brooklyn, NY 11207
(718) 240-0400

Bushwick Health Center
1420 Bushwick Ave
Brooklyn, NY 11207
(718) 919-1200

Brownsville CHC
259 Bristol Street
Brooklyn, NY 11212
(718) 495-7283/84/90

Crown Heights
1218 Prospect Place
Brooklyn, NY 11212
(718) 735-0561

Eleanor Roosevelt
388 Pulaski Street
Brooklyn, NY 11206
(718) 452-1146

Fort Greene CHC
295 Flatbush Ave
Brooklyn, NY 11201
(718) 643-4487

Jonathan Williams Houses CHC
333 Roebling Street
Brooklyn, NY 11211
(718) 387-6407

Greenpoint Community Health Center
875 Manhattan Ave
Brooklyn, NY 11222
(718) 630-3220

Williamsburg Health Center
279 Graham Ave
Brooklyn, NY 11221
(718) 384-0563

Cumberland Diagnostic and Treatment Center
100 Portland Ave
Brooklyn, NY 11205
(718) 260-7500

Sutter Avenue CHC
1091 Sutter Ave
Brooklyn, NY 11212
(718) 647-0800/0801

Grand Street Campuses
850 Grand Street
Brooklyn, NY 11206
(718) 387-2701

Sumner Ave Houses CHC
47 Marcus Garvey Ave
Brooklyn, NY 11206
(718) 455-5350

Lafayette Houses CHC
434 Dekalb Ave
Brooklyn, NY 11205
(718) 638-8258

Manhattan

Bellevue Hospital Center
462 First Ave
New York, NY 10016
(212) 562-5555

Harlem Hospital Center
506 Lenox Ave
New York, NY 10037
(212) 939-1000

Metropolitan Hospital Center
1901 First Ave
New York, NY 10029
(212) 423-6262

Gouverneur Health
227 Madison Street
New York, NY 10002
(212) 238-7000

Judson Health Center
34 Spring Street
New York, NY 10012
(212) 925-5000

Smith Communicare Health Center
60 Madison Street
New York, NY 10038
(212) 346-0511

Roberto Clemente Health Center/Sylvia Del Villard
540 East 13th Street
New York, NY 10009
(212) 387-7400

La Clinica Del Barrio
413 E 120th Street
New York, NY 10035
(212) 410-7940

Renaissance Healthcare Network/Sydenham Health Center
264 West 118th Street
New York, NY 10026
(212) 932-6500

St. Nicholas Houses
281 West 127th Street
New York, NY 10027
(212) 865-1300

Drew Hamilton Houses
2698 Frederick Douglass Blvd, Front 1
New York, NY 10030
(212) 939-8950

Washington Heights
600 West 168th Street
New York, NY 10032
(212) 795-0880

Grant Houses
3170 Broadway
New York, NY 10027
(212) 678-2420

La Clinica de Las Americas
175 Nagle Ave
New York, NY 10034
(212) 544-2001

Sydenham Health Center
264 West 118th Street
New York, NY 10035
(212) 932-6500

Queens

Women's Medical Center
59-17 Junction Blvd
Corona, NY 11368
(718) 334-6300

Elmhurst Hospital Center
79-01 Broadway
Elmhurst, NY 11373
(718) 334-2424

Queens Hospital Center
82-68 164th Street
Jamaica, NY 11432
(718) 883-3000

Ridgewood Medical Center
769 Onderdonk Ave
Ridgewood, NY 11385
(718) 334-6190

South Queens Multi-Service Center
114-02 Guy R. Brewer Blvd
Jamaica, NY 11434
(718) 883-6699

Woodside Medical Center
50-53 Newton Road
Woodside, NY 11377
(718) 334-6140

Corona Medical Center
104-04 Corona Ave
Corona, NY 11368
(718) 334-6100

Queens Health Network Medical
Center at Parsons Blvd
90-37 Parsons Blvd
Jamaica, NY 11432
(718) 334-6440

Queens Health Network Medical Center at Springfield Blvd
134-64 Springfield Blvd
Springfield Gardens, NY 11413
(718) 334-6801

Junction Medical Center
34-33 Junction Blvd
Jackson, Heights, NY 11372
(718) 334-6150

Staten Island

Mariner's Harbor Houses Community Health Center
2040 Forest Ave
Staten Island, NY 10303
(718) 761-2060

Stapleton Community Health Center
111 Canal Street
Staten Island, NY 10302
(718) 390-0712

Find a Mobile Medical Office in Staten Island
Call for more information
(718) 266-6328

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Affordable Health Care Options

Low or No-Cost Medical Care Is Available at the Following Community Health Center Facilities*:

Bronx

Bronx Community Health Network
1 Fordham Plaza, Suite 1108
Bronx, NY 10458
(718) 405-7720

Dr. Martin Luther King, Jr. Health Center
1265 Franklin Ave
Bronx, NY 10456
(718) 503-7700

Gotham Health
1225 Gerard Ave, 1st Fl
Bronx, NY 10452
(718) 960-2750

La Casa de Salud, Inc.
966 Prospect Ave
Bronx, NY 10459
(718) 960-7601

Morris Heights Health Center
85 West Burnside Ave
Bronx, NY 10453
(718) 716-4400

NY Children's Health Project
853 Longwood Ave, Suite 201
Bronx, NY 10459
(718) 920-4321

Union Community Health Center
260 East 188th Street
Bronx, NY 10458
(718) 220-2020

Urban Health Plan
1065 Southern Boulevard
Bronx, NY 10459
(718) 589-2440

VIP Community Services, Inc.
1910 Arthur Ave, 5th Fl
Bronx, NY 10457
(718) 583-5150

Brooklyn

Bedford Stuyvesant Family Health Center
1456 Fulton Street
Brooklyn, NY 11216
(718) 636-4500

Brooklyn Plaza Medical Center
650 Fulton Street
Brooklyn, NY 11217
(718) 596-9800

Brownsville Multi-Service Family Health Center
592 Rockaway Ave
Brooklyn, NY 11212
(718) 345-5000

Ezra Medical Center
1312 38th St
Brooklyn, NY 11218
(718) 686-7600

HealthCare Choices Community Health Center
6209 16th Ave
Brooklyn, NY 11204
(718) 234-0073

Housing Works
57 Willoughby Street, 2nd Fl
Brooklyn, NY 11201
(347) 473-7400

NYU Lutheran Family Health Centers
150 55th Street
Brooklyn, NY 11220
(718) 630-7000

ODA Primary Care Health Center
14-16 Heyward Street
Brooklyn, NY 11211
(718) 260-4600

Manhattan

Access Community Health Center
83 Maiden Lane, 6th Fl
New York, NY 10038
(212) 895-3410

Apicha Community Health Center
400 Broadway
New York, NY 10013
(212) 334-7940

Betances Health Center
280 Henry Street
New York, NY 10002

Boriken Neighborhood Health Center
2265 3rd Ave
New York, NY 10035
(212) 289-6650

Brightpoint Health
71 West 23rd Street
New York, NY 10010
(718) 681-8700

Callen-Lorde Community Health Center
356 West 18th Street
New York, NY 10011
(212) 271-7200

Care for the Homeless
30 East 33rd Street, 5th Fl
New York, NY 10016
(212) 366-4459

Charles B. Wang Community Health Center
268 Canal Street 16th Fl
New York, NY 10013
(212) 379-6988

Community Healthcare Network
79 Madison Ave, 6th Fl
New York, NY 10016
(866) 246-8259

Covenant House
460 West 41st Street
New York, NY 10036
(212) 613-0300

Harlem United
123-125 West 124th Street
New York, NY 0016
(212) 803-2850

Heritage Health and Housing
1727 Amsterdam Ave
New York, NY 10031
(212) 862-0054

Institute for Family Health
2006 Madison Ave
New York, NY 10035
(212) 633-0800

Project Renewal
200 Varick Street 9th Fl
New York, NY 10014
(212) 620-0340

Settlement Health & Medical Services
212 East 106 Street
New York, NY 10029
(212) 360-2600

The Door
555 Broome Street
New York, NY 10013
(212) 941-9090

William F. Ryan Community Health Network
110 West 97th Street
New York, NY 10025
(212) 749-1820

Queens

Damian Family Care Centers
138-02 Queens Blvd, 2nd Fl
Briarwood, NY 11435
(718) 657-1100

Joseph P. Addabbo Family Health Centers
6200 Beach Channel Drive
Arverne, NY 11692
(718) 945-7150

The Floating Hospital
41-43 Crescent Street
Long Island City, NY 11101
(718) 784-2240

Staten Island

Beacon Christian Community Health Center
2079 Forest Ave
Staten Island, NY 10303
(718) 815-6560

Community Health Center of Richmond
439 Port Richmond Ave
Staten Island, NY 10302
(718) 876-1732

**Affordable health care may also be provided at other community health centers throughout New York City.*

English Info Packet

Services and Benefits Available to NYC Residents Regardless of Immigration Status

Public Education

- **Pre-kindergarten (age 4):** All children who live in New York City and are 4 years old on or before December 1 of the current year are eligible to attend a free pre-kindergarten program. Call (718) 935-2009 or go to nyc.gov/prek.
- **Public school (age 5-21):** All NYC residents have the right to attend public school until graduation or until the end of the school year in which they turn 21 years old. For help enrolling in school or finding the right school placement or English Language Learners program, call 311 about "education."
- **College/university:** All residents of New York State are eligible to pay in-state tuition at City University of New York (CUNY) and State University of New York (SUNY) colleges and universities. For information on CUNY, call (800) CUNY-YES(286-9937) or go to cuny.edu. For information on SUNY, call (800) 342-3811 or go to suny.edu/attend.

After-School and Community Programs

- The NYC Department of Youth and Community Development (DYCD) provides after-school and community programs for children and families, including free after-school help, information about jobs and internships, English-language and adult education, and free immigration legal help. Call (800) 246-4646 or go to nyc.gov/dycd.

Child Care and Early Childhood Education

- **Child care:** The Administration for Children's Services (ACS) provides free or low-cost child care services for low-income families with children ages 6 weeks through 12 years old. Children with special needs may be eligible through age 18. Call 311 about "child care."
- **Head Start (age 3-4):** Children from low-income families are eligible for free early childhood education. Call (212) 232-0966 or visit nyc.gov/acs.

Health Care

- **Child Health Plus:** All children under the age of 19 in New York State are eligible for Child Health Plus public health insurance coverage for free or at low cost, depending on family income. For more information, call (800) 698-4543 or go to health.ny.gov/health_care/child_health_plus.
- **Emergency Medicaid:** Emergency Medicaid will provide medical payment for care and services necessary to treat an emergency medical condition. It is available to low-income individuals in New York State. You can sign up at a hospital during an emergency. To sign up in advance, call (718) 557-1399 or go to nyc.gov/html/hra/html/services/medicaid_offices.shtml to find a Medicaid Office in your neighborhood.
- **Affordable health care clinics:** You can find affordable hospitals and health care clinics in your neighborhood at nyc.gov/hhc or http://findahealthcenter.hrsa.gov. Insurance is not required.

Food Help

- **Emergency Food Assistance Program:** More than 550 food pantries and community kitchens across the city can provide free food in an emergency. Call 311 about "emergency food assistance."
- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC):** The WIC program provides food, nutrition education, and referrals to low-income pregnant women, breastfeeding women, infants, and children up

to age 5. Call (800) 522-5006 or go to health.ny.gov/prevention/nutrition/wic.

Family Support

- **Preventive services:** The Administration for Children's Services (ACS) provides free counseling and support to families to ensure that children are safe in their homes and prevent children from entering foster care. Call (800) 342-7472 or go to nyc.gov/acs.

Workplace Protections

- **Paid sick leave:** If your employer has 5 or more employees and you work at least 80 hours per year, then you have the right to earn paid time off when you are sick or to care for a sick family member. Call 311 about "paid sick leave" or go to nyc.gov/PaidSickLeave.
- **Workers' compensation:** If you get hurt or disabled because of your job, you may be eligible for weekly cash payments and free health care, even if you are paid in cash, paid off the books, paid as independent contractors, or otherwise not reported to the government as an employee. Call the New York State Workers' Compensation Board at (800) 877-1373 or go to wcb.ny.gov.

IDNYC Photo Identification Card

- IDNYC is a government-issued photo identification card available, regardless of immigration status, to all New York City residents age 14 and up. You can use your IDNYC card to access NYC services, as proof of identity with the police, to open a bank account, and more. For more information and to make an appointment, call 311 about "IDNYC," go to nyc.gov/idnyc, or text "IDNYC" to 877877.

Financial Advice

- The NYC Department of Consumer Affairs' Office of Financial Empowerment can help low-income New Yorkers open a bank account, check credit scores, reduce debt, and file taxes. Call 311 about "financial empowerment" or go to nyc.gov/ofe.

Homelessness Prevention

- The NYC Department of Homeless Services "Homebase" program can help prevent evictions, provide financial counseling, and help NYC residents apply for other resources to stay in their homes and avoid entering the shelter system. Call 311 about "Homebase."

Domestic Violence

- **Telephone hotline:** For confidential help with safety planning, referrals, and connections to emergency housing for victims of domestic violence, call (800) 621-HOPE(4673) or call 311 about "domestic violence."
- **In-person assistance:** The Mayor's Office to Combat Domestic Violence operates Family Justice Centers throughout New York City to provide many support services for victims of domestic violence, elder abuse, and sex trafficking. Call 311 about "Family Justice Centers" or go to nyc.gov/domesticviolence.

Emergency Help with Expenses ("One Shot ")

- If you need emergency financial help to prevent eviction, pay your energy or utility bills, or buy health-related items, you can apply to the NYC Human Resources Administration for a one-time emergency grant, also called a "One Shot" grant. For more information, call (718) 557-1399.

ActionNYC

GET FREE & SAFE IMMIGRATION HELP

New York City has an exciting new program called ActionNYC that connects all immigrant New Yorkers with free, safe immigration legal help.

ActionNYC is:

FREE: There is no cost to you to receive immigration legal help.
You will have a chance to meet privately with an immigration expert.

SAFE: This is a City of New York program. Your information will be private and won't be shared with others. Only the organization helping you with your case will have access to your sensitive information.

Make your appointment TODAY!
Call 1-800-354-0365 Monday through Friday from 9AM-6PM
OR
Call 311 and say "ActionNYC"

English Info Page

Additional Resources

These agencies also offer supportive services:

Administration for Children's Services (ACS)
- Dial 911 in an emergency
- Office of Advocacy (212) 676-9421
- (877) KIDS-NYC

Advocates for Children of New York (AFC)
- (212) 947-9779

City of New York Information Line
- 311

Coalition for the Homeless
- (212) 776-2000

Department for the Aging (DFTA)
- 311 (Request a Social Service Specialist)

Department of Youth and Community Development (DYCD)
- (800) 246-4646

Human Resources Administration (HRA)
- Constituent Services (212) 331-4640
- Infoline (718) 557-1399

Mayor's Office of Immigrant Affairs (MOIA)
- (212) 788-7654

Mayor's Office of Veterans' Affairs (MOVA)
- (212) 442-4171

New York City Business Link
- (877) 585-JOBS

NYC Commission on Human Rights
- (212) 306-7560

Safe Horizon (Domestic Violence) Hotline
- Dial 911 in an emergency
- (800) 621-HOPE

Mayor Bill de Blasio

Commissioner Gilbert Taylor

33 Beaver Street
New York, NY 10004

Ombudsman@dhs.nyc.gov
(800) 994-6494

www.nyc.gov/dhs

English Info Packet
English V.1

NYC Department of Homeless Services

Office of the Ombudsman

NYC Department of Homeless Services

The DHS Office of the

Ombudsman

supports NYC's families, children, and adults with any issues relating to homelessness. The office is led by highly-trained professionals who have extensive experience supporting and empowering NYC's vulnerable population.

What do Ombudsman Constituent Services Representatives do?

Representatives can tell you more about the services available to assist you before, during, and after receiving shelter services. They will help you understand your rights and responsibilities while in shelter, as well as in the community. Representatives are independent Department of Homeless Services staff and do not work for shelter providers.

Representatives can help to communicate your grievances and investigate them on your behalf. They can also bring issues to the attention of DHS, shelter providers, and other agencies to help you reach a solution.

Representatives are available to help you with:

- Understanding your rights and responsibilities in shelter and in the community
- Addressing shelter concerns
- Mediation and conflict resolution
- Understanding rental assistance eligibility
- Prevention and aftercare support
- Connecting to other city and community services

How can I reach the Office of the Ombudsman?

You can email the Office of the Ombudsman at any time. Our email address is **Ombudsman@dhs.nyc.gov**.

You can also call us at (800) 994-6494.

Staff is available to take your call Monday through Friday, between the hours of 9 a.m. and 5 p.m.

Can I meet with a Representative?

Yes! The Office of the Ombudsman will assist you in person Monday through Friday, between the hours of 9 a.m. and 4 p.m.

You can also schedule an appointment by calling our toll-free number below.

The office is located at:

NYC Department of Homeless Services
33 Beaver Street
New York, NY 10004

Ombudsman@dhs.nyc.gov

(800) 994-6494

APPENDIX D Additional Data Details

SPARCS data details. The use of SPARCS data introduces two main issues. First, we match survey information to administrative data, a potentially challenging feat in an undocumented population. Second, SPARCS does not capture care delivered outside New York state, an issue we intentionally minimize but can't completely alleviate by focusing on NYC residents. Both concerns are probably valid in a handful of cases contributing to measurement error. However, this would be an issue if we differentially missed treatment relative to control individuals. For instance, the reduction in ED visits observed among treated relative to control units could be driven by being less likely to match treated individuals in SPARCS data or treated individuals being more likely to visit non-New York hospitals.

We explore the potential for bias by comparing the number of individuals who self-report visiting the ED on the survey to the number of individuals observed visiting the ED in SPARCS data. First, we compare baseline responses to whether or not an individual had an ED visit to SPARCS data the year before ActionHeatlhNYC. Second, we compare follow-up survey responses to whether or not we observe the individual having an ED visit over the program period. We want to be clear here: we expect differences between survey and administrative data for reasons such as recall bias, but the key is that we don't want treated units to be captured by SPARCS data less frequently than controls.

First, we find that 477 individuals self-report visiting an ED on the baseline survey, but are not observed in SPARCS data. This is fairly equal by treatment arm: the 477 includes 249 treated (20% of the 1,265 treated) and 228 control (20% of the 1,139 control) individuals. While 20% is high and likely reflects challenges with linking administrative data to undocumented populations, we are encouraged by the lack of a difference between treatment and control individuals.

Second, we compare SPARCS data to the follow-up survey and find that 28 treated individuals (4.8% of the 581 treated who responded to the follow-up survey) and 38 control individuals (7.8% of the 486 control who responded to the follow-up survey) self-report visiting the ED on the follow-up survey, but are unobserved in SPARCS data. These differences suggest that controls may have been *more likely* to seek care outside of New York state, leading to artificially fewer ED visits among control individuals than what actually occurred. In turn, this will bias estimates towards the null, or finding no effect on ED utilization, only strengthening our main finding.

Clinic data details. To give a sense of sample selection, we benchmark the number of individuals who report seeing a PCP on the follow-up survey against the number we observe visiting our clinics. We find 20% of treated individuals and 51% of control individuals self-report visiting a PCP on the follow-up survey but are not observed visiting our clinics (115 treated and 248 controls). Taken together, the controls observed in our clinics may be non-representative of the

full control population given potential selection in whether or not they visited a main clinic.

APPENDIX E Baseline and Follow-up Surveys

A Details on Baseline and Follow-up Survey Description

The baseline survey was conducted in-person at the time of enrollment by all enrolled individuals. We administered surveys in the participant's preferred language and asked 75 questions covering socio-demographics, healthcare access, utilization, financial burden, health behaviors, and health status. Section E.B lists the baseline survey questions used to define whether or not someone qualified as "high-risk."

B Baseline Survey Questions Defining High-Risk Population

- Mental health condition
  - "In the past 6 months, have you received any counseling for a mental health problem?"
  - "In the past 6 months, was there any time when you thought you needed mental health treatment or counseling for yourself but did not get it?"
  - "Has a doctor ever told you that you have a mental health condition such as major depression, anxiety, or another condition?"
- Hypertension
  - "Has a doctor ever told you that you have high blood pressure, also called hypertension?"
- Diabetes
  - "Has a doctor ever told you that you have diabetes?"
- Asthma
  - "Has a doctor ever told you that you have asthma?"
- Alcohol substance use disorder
  - "In the past 6 months, has a doctor told you or have you felt that you needed treatment or counseling for alcohol or drug use?"
- Smoker
  - "During the last 6 months, has a doctor, nurse or other health professional advised you to quit smoking?"

- HIV+
  - "Has a doctor ever told you that you have HIV/AIDS?"
- Congestive heart failure
  - "Has a doctor ever told you that you have Congestive Heart Failure? Read if needed: Congestive heart failure happens when the heart cannot pump enough blood to the rest of the body."
- Atrial fibrillation
  - "Has a doctor ever told you that you had Atrial Fibrillation? Read if needed: Atrial Fibrillation (A-tre-al fi-bri-LA-shun) is when your heart beats very fast and irregularly."
- Stroke
  - "Has a doctor ever told you that you had a Stroke or Transient Ischemic Attack (trans-ee-ent isk-eem-ick attack, TIA, also called a mini-stroke)? Read if needed: A stroke is an interruption or blockage of the blood supply to any part of the brain. A transient ischemic attack (TIA) is caused by a temporary interruption or blockage of blood supply to an area of the brain, which results in a sudden, brief decrease in brain function."
- Heart attack
  - "Has a doctor ever told you that you had a Heart Attack in the past year? Read if needed: A heart attack is caused by an interruption or blockage of the blood supply to any part of the heart."
- Cancer
  - "Do you have any cancer that was recently diagnosed by a doctor (in the past year) or that needs current treatment?"

APPENDIX F Balance Tables

Table A2— Baseline Balance for Individuals Completing the Follow-up Survey

Characteristic	Control	Treated	Absolute Standardized Mean Difference
Study Characteristics, Baseline Survey			
No. of Individuals	486	581	
High-Risk Individuals, %	37.7	36.5	
Randomized Alone, %	77.6	73.5	
Socio-demographics, Baseline Survey			
Age, y, mean(SD)	43.3(12.3)	43.7(11.4)	0.032
Single, %	50.8	54.8	0.080
Years in U.S., y, mean(SD)	13.5(7.8)	14.1(7.8)	0.087
English, %	32.6	26.8	0.13
High School, %	49.3	51.8	0.051
Employed, %	58.3	63.4	0.11
Female, %	51.7	55.4	0.075
Hispanic, %	47.1	51.8	0.094
Income Under 100% FPL, %	83.3	83.3	0.00036
Housing Insecure, %	12.4	11.9	0.015
Joint Test: P-Values			0.37
Utilization, Baseline Survey			
Individuals With a PCP, %	26.6	25.7	0.019
Doctors' Office Visits, %	60.7	60.6	0.0023
Joint Test: P-Values			0.94
Health Status, Baseline Survey			
Diabetes, %	8.6	9.5	0.029
Hypertension, %	18.7	14.5	0.12
Asthma, %	3.7	4.8	0.055
Mental Illness, %	3.9	4.1	0.011
Substance Use Disorder, %	6.2	5.0	0.051
Health Better or Equal to Fair, %	35.9	41.9	0.12
Joint Test: P-Values			0.09
Healthcare Utilization, SPARCS Administrative Data			
ED Visits with Zeros, mean(SD)	0.36	0.38	0.023
ED Visits, %	0.19	0.21	0.055
ED Visits, mean(SD)	1.9	1.9	0.039
Joint Test: P-Values			0.36

Note: Abbreviations: y, years; SD, standard deviation; FPL, federal poverty level; PCP, primary care physician; ED, emergency department; and No., number. Outcomes are from the baseline survey, where questions were asked with a 12 month look-back, except for outcomes under the heading "Healthcare Utilization, SPARCS Administrative Data," are from SPARCS. The randomization was done at the couple level, so couples would be randomized into the same arm.

Table A3— Baseline Balance for High-Risk Individuals

Characteristic	Control	Treated	Absolute Standardized Mean Difference
Study Characteristics, Baseline Survey			
No. of Individuals	427	477	
Randomized Alone, %	81.3	77.1	
Socio-demographics, Baseline Survey			
Age, y, mean(SD)	47.8(13.4)	48.9(12.9)	0.081
Single, %	60.2	55.1	0.10
Years in U.S., y, mean(SD)	14.8(8.9)	15.2(8.8)	0.048
English, %	34.0	29.1	0.10
High School, %	55.2	51.7	0.070
Employed, %	53.4	57.5	0.082
Female, %	48.3	49.1	0.017
Hispanic, %	50.1	49.1	0.021
Income Under 100% FPL, %	80.7	80.4	0.0061
Housing Insecure, %	15.4	17.3	0.053
Joint Test: P-Values			0.16
Utilization, Baseline Survey			
Individuals With a PCP, %	39.9	37.5	0.048
Doctors' Office Visits, %	75.6	73.0	0.061
Joint Test: P-Values			0.61
Health Status, Baseline Survey			
Diabetes, %	23.4	23.5	0.0014
Hypertension, %	48.7	44.4	0.086
Asthma, %	12.2	11.9	0.0070
Mental Illness, %	10.5	11.5	0.032
Substance Use Disorder, %	15.0	11.1	0.12
Health Better or Equal to Fair, %	45.6	49.8	0.084
Joint Test: P-Values			0.33
Healthcare Utilization, SPARCS Administrative Data			
ED Visits with Zeros, mean(SD)	0.54	0.50	0.027
ED Visits, %	0.24	0.28	0.087
ED Visits, mean(SD)	2.4	1.9	0.22
Joint Test: P-Values			0.36

Note: Abbreviations: y, years; SD, standard deviation; FPL, federal poverty level; PCP, primary care physician; ED, emergency department; and No., number. Outcomes are from the baseline survey, where questions were asked with a 12 month look-back, except for outcomes under the heading "Healthcare Utilization, SPARCS Administrative Data," are from SPARCS. The randomization was done at the couple level, so couples would be randomized into the same arm.

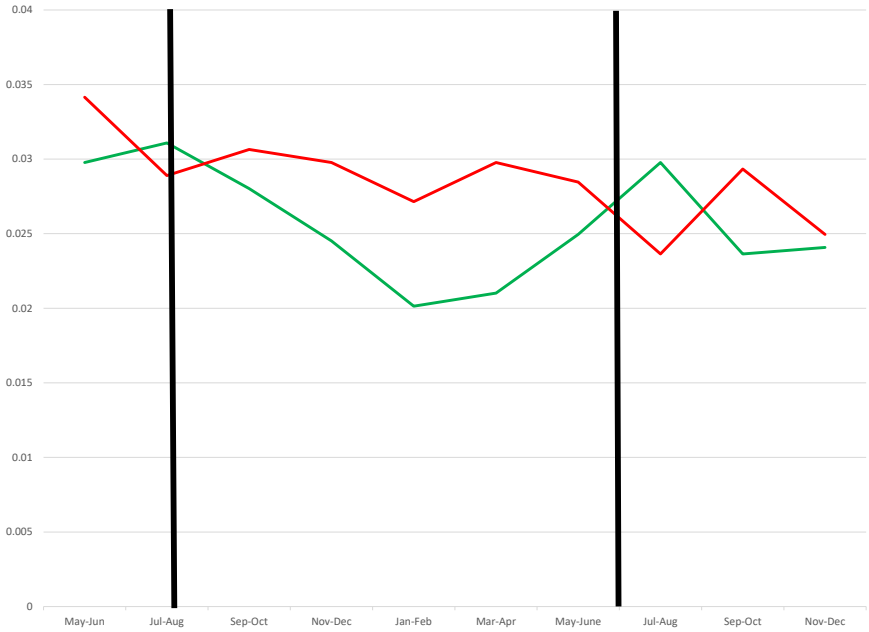
Table A4— Baseline Balance for Low-Risk Individuals

Characteristic	Control	Treated	Absolute Standardized Mean Difference
Study Characteristics, Baseline Survey			
No. of Individuals	712	788	
Randomized Alone, %	74.6	71.1	
Socio-demographics, Baseline Survey			
Age, y, mean(SD)	42.1(12.3)	42.1(10.8)	0.0029
Single, %	49.2	51.3	0.042
Years in U.S., y, mean(SD)	12.3(7.9)	13.0(7.4)	0.092
English, %	28.7	30.1	0.029
High School, %	52.0	54.7	0.053
Employed, %	58.3	64.0	0.12
Female, %	51.9	51.5	0.0073
Hispanic, %	48.3	50.1	0.036
Income Under 100% FPL, %	82.9	81.7	0.029
Housing Insecure, %	8.3	10.2	0.066
Joint Test: P-Values			0.39
Utilization, Baseline Survey			
Individuals With a PCP, %	15.9	18.5	0.069
Doctors' Office Visits, %	51.3	51.1	0.0024
Joint Test: P-Values			0.34
Health Status, Baseline Survey			
Diabetes, %	–	–	–
Hypertension, %	–	–	–
Asthma, %	–	–	–
Mental Illness, %	–	–	–
Substance Use Disorder, %	–	–	–
Health Better or Equal to Fair, %	27.4	30.6	0.068
Joint Test: P-Values			0.19
Healthcare Utilization, SPARCS Administrative Data			
ED Visits with Zeros, mean(SD)	0.23	0.23	0.0093
ED Visits, %	0.16	0.14	0.058
ED Visits, mean(SD)	1.5	1.7	0.22
Joint Test: P-Values			0.36

Note: Abbreviations: y, years; SD, standard deviation; FPL, federal poverty level; PCP, primary care physician; ED, emergency department; and No., number. Outcomes are from the baseline survey, where questions were asked with a 12 month look-back, except for outcomes under the heading "Healthcare Utilization, SPARCS Administrative Data," are from SPARCS. The randomization was done at the couple level, so couples would be randomized into the same arm.

APPENDIX G Additional Results and Robustness Checks

Figure A5. ED Visits Over Time
Measured in SPARCS Administrative Data



Note: The green solid line represents ED visits by the treated group normalized by the total number of individuals in the treated group (1,265) and the red dashed line represents ED visits by the control group normalized by the total number of individuals in the control group (1,139). The first black solid vertical line indicates the end of the ActionHealthNYC enrollment period, July 31, 2016, and the second line indicates the end of ActionHealthNYC services, June 1, 2017. Each estimate represents the two month average. See Table 4 for pooled estimates over the treatment window.

Table A5— Treatment Effect of Enrollment in ActionHealthNYC on ED Utilization Measured in Administrative SPARCS Data

		All Individuals	By Baseline Risk Status		
Outcome	Constant	Treatment	High-Risk	Treatment x High-Risk	Treatment x Low-Risk
No. ED Visits, Not Admitted					
(1)	0.38	-0.085			
		(0.041)			
		-22.2%			
(2)	0.29		0.23	-0.17	-0.032
			(0.074)	(0.073)	(0.048)
				-32.9%	-10.9%
No. ED Visits, Admitted					
(1)	0.039	-0.010			
		(0.014)			
		-26.3%			
(2)	0.018		0.054	-0.020	-0.0043
			(0.033)	(0.035)	(0.0068)
				-27.8%	-23.5%
Tot. ED Charges ($), Non-Zero					
(1)	3352.05	-717.10			
		(347.67)			
		-21.39%			
(2)	2744.06		1297.39	-1158.00	-297.33
			(609.25)	(556.84)	(428.27)
				-28.65%	-10.84%
Winsorized ED Charges ($)					
(1)	610.77	-151.85			
		(68.93)			
		-24.86%			
(2)	452.19		423.00	-311.92	-56.44
			(128.64)	(129.62)	(77.09)
				-35.64%	-12.48%
Sample Size	2,404				

Note: Abbreviations: ED, emergency department. The treated group included 1,265 individuals and the control group include 1,139 individuals. The Table displays results from the specification outlined in Section III.A using administrative SPARCS data. The specification in row (1) quantifies the main effect of treatment and row (2) quantifies the heterogeneous effect of the intervention by risk status. Estimates span the 14-month treatment window. All definitions include zeros except for "ED Visits, Conditional on One ED Visit." See Table 4 for main estimates. See Table A6 for inpatient outcomes.

Table A6— Treatment Effect of Enrollment in ActionHealthNYC on Inpatient Utilization Measured in Administrative SPARCS Data

		All Individuals	By Baseline Risk Status		
Outcome	Constant	Treatment	High-Risk	Treatment x High-Risk	Treatment x Low-Risk
No. IP Visits					
(1)	0.068	-0.0060			
		(0.018)			
		-8.8%			
(2)	0.035		0.089	-0.021	0.0030
			(0.039)	(0.044)	(0.011)
				-17.2%	8.4%
IP Tot. Charges ($)					
(1)	2893.76	-872.44			
		(1048.07)			
		-30.15%			
(2)	2410.82		1288.23	1.15	-1405.78
			(1823.22)	(1459.04)	(1428.81)
				0.03%	-58.31%
Winsorized IP Charges ($)					
(1)	1519.16	-167.14			
		(390.47)			
		-11.00%			
(2)	773.26		1989.64	-472.51	10.73
			(830.66)	(945.08)	(258.48)
				-17.10%	1.39%
ED and IP Charges ($)					
(1)	15819.06	-4230.98			
		(4600.84)			
		-26.75%			
(2)	15296.28		1091.92	240.77	-7847.76
			(8429.19)	(5207.39)	(7463.67)
				1.47%	-51.30%
Sample Size	2,404				

Note: Abbreviations: ED, emergency department. The treated group included 1,265 individuals and the control group include 1,139 individuals. The Table displays results from the specification outlined in Section III.A using administrative SPARCS data. The specification in row (1) quantifies the main effect of treatment and row (2) quantifies the heterogeneous effect of the intervention by risk status. Estimates span the 14-month treatment window. "Inpatient Charges" include ED charges from visits admitted through the ED. See Table 4 for main estimates.

APPENDIX H Details of Health Valuation Calculation

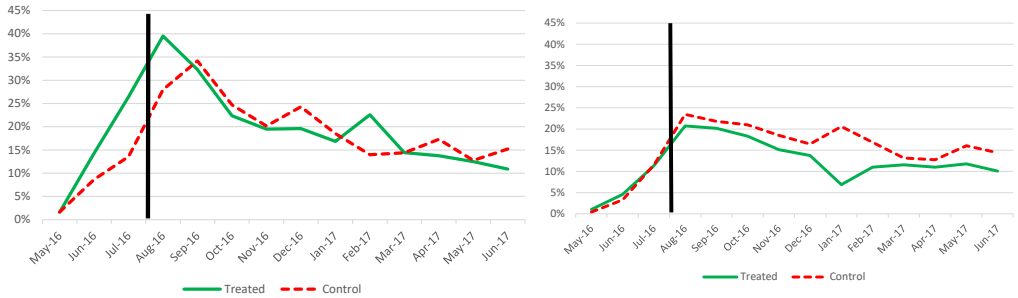
A Gains in Intermediary Health Outcomes Among Clinic Visits

Figure A6 focuses on services delivered to individuals per visit by normalizing by the total number of treated and control individuals visiting clinics. The Figure shows that, conditional on visiting, the timing of visits and referrals are similar between treated and control groups. Table 2 compares treatment and control individuals visiting our nine clinics. The Table shows that the rate of screens and chronic condition diagnoses is similar among treated and control individuals, conditional on visiting one of our clinics, with both significantly increasing in response to having a clinic visit.

Figure A6. Clinic Utilization Data

(a) Rate of Primary Care Visits at Clinics
Treated v. Control

(b) Rate of Specialty Visits Referred by PCPs
Treated v. Control



Note: The green solid line represents visits by the treated group normalized by the total number of treated individuals visiting a clinic and the red dashed line represents visits by the control group normalized by the total number of control individuals visiting a clinic. The black solid vertical line indicates the end of the ActionHealthNYC enrollment period, July 31, 2016. The Figure shows that treated and control individuals visiting clinics were treated similarly.

Table A7— Clinic Utilization Metrics
All Individuals Visiting One of Nine Clinics

	Treated	Control
Individuals Visiting Clinics (Count)	873	243
ECC Individuals (Count)	143	7
High-Risk	105	3
Low-Risk	38	4
Preventive Screens		
Prob. Diabetes Screen, %	82.7	81.5
ECC	89.5	–
High-Risk	89.5	89.4
Low-Risk	78.1	76.5
Prob. Blood Pressure Screen, %	92.2	94.7
ECC	90.2	–
High-Risk	94.9	98.9
Low-Risk	90.4	92.0
Chronic Condition Diagnoses		
Any Chronic Condition Diagnosis, %	53.5	45.7
ECC	83.9	–
High-Risk	91.8	92.5
Low-Risk	27.6	16.1
Alcohol SUD, %	19.2	9.1
ECC	11.2	–
High-Risk	21.6	10.6
Low-Risk	17.7	8.1
Mental Illness, %	7.2	6.6
ECC	12.6	–
High-Risk	15.1	16.0
Low-Risk	1.9	0.67
Diabetes, %	13.5	11.5
ECC	36.4	–
High-Risk	27.3	24.5
Low-Risk	4.2	3.4
Hypertension, %	22.8	25.5
ECC	48.3	–
High-Risk	49.1	53.2
Low-Risk	5.0	8.1

Note: Abbreviations: SUD, substance use disorder. Underlying data only includes treated individuals visiting one of our nine clinics.

B Number of Cardiovascular Deaths Averted

Blood Pressure:

$$.121 * (1080/0.927) = 140.5 \text{ deaths per } 100,000$$

Treated individuals received 12.1 pp additional blood pressure screens, relative to control individuals, in response to enrollment (12.1 = 13.0pp increase in the probability an individual visited a doctor × 92.7%, see last paragraph in Section IV.E). According to Dehmer et al. (2017), 1,080 is the number of deaths averted through blood pressure screening (per 100,000) and 0.927 reflects that only 92.7% of those offered screening take it up (or a screening rate of 92.7% from Table 2).

Diabetes:

$$0.107 * (400/0.824) = 52.2 \text{ deaths per } 100,000$$

Treated individuals received 10.7 pp additional diabetes screens, relative to control individuals, in response to enrollment (10.7 = 13.0pp increase in the probability an individual visited a doctor × 82.4%, see last paragraph in Section IV.E). According to Kahn et al. (2010), diabetes screens prevent 4 deaths per 1000 people and 0.824 reflects that only 82.4% of individuals offered a screen take it up (or a screening rate of 82.4% from Table 2).

Therefore, in total, we estimate that ActionHealthNYC reduces cardiovascular-related deaths by 192.7 per 100,000 over a 40-year time horizon.[21] In annual terms, this translates to 4.8 deaths averted per 100,000. Applying our estimate to the base rate gives us a 12% mortality reduction in the number of cardiovascular deaths averted.

[21] We use a 40-year period as Dehmer et al. (2017) and Kahn et al. (2010) model the screenings from age 18-30.