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Welcome to the Spring 2025 issue of ***The Bridge***, keeping you updated, informed, and connected with the New York City (NYC) Department of Health and Mental Hygiene (Health Department) and the Office of the Chief Medical Officer (CMO).

Your input and collaboration are vital to our mission of protecting and promoting the health of all New Yorkers. Please let us know what else you would like to see in future newsletters or inquire about how to connect with the NYC Health Department by emailing us at chiefmedicalofficer@health.nyc.gov.

Message from the NYC Health Department's CMO

I have had the privilege of serving as Acting Commissioner of the NYC Health Department since October 2024. In a few short months, NYC—and the nation—has undergone significant change. I am grateful to serve in this new role and continue my service as the Department's CMO at a time when equity-oriented and science-directed public health and health care are paramount.

Some of you know my roots are in global health equity, and I've been encouraged by my colleagues at Partners In Health who talk about [action as an antidote to despair](#). As public health and health care professionals, your actions protect and promote the health of all New Yorkers every day. Thank you for showing up for science and action, even with conflicting reports and sensationalized headlines crowding our newsfeeds.

I testified on the importance and legacy of the NYC Health Department's work last month during a City Council oversight hearing on Detecting, Preventing, and Responding to Public Health Emergencies. My [testimony](#), which I welcome you to read in full, emphasized the critical role that the Department plays in our city and our ongoing commitment to **all** New Yorkers:

Here at the Health Department, we will continue to rely on data, science, equity, and our values to guide our decisions. We have 220 years of experience deepening our public health expertise, refining our data-driven approach, and engaging the public. For as long as this agency has existed, we've protected the health and safety of our city, supported by factual information grounded in science. We remain committed to those principles.

This year marks the 220th anniversary of the NYC Health Department. While the Department was formed in 1805, on February 26, 1866, the New York State legislature passed a new public health law that created the Metropolitan Board of Health. The Board included dedicated seats for physicians and scientists as a mechanism to protect it from political influence. After its founding, the Board decreed that “neither hogs nor goats [could] run at large in our city” and pressured landlords to maintain their buildings. Cholera deaths promptly fell by 90%.

Working in the current environment, especially as frontline public health and health care workers, can be challenging and exhausting. Reflecting on the gains we've made over the last two centuries reminds me that change is possible. I am grateful for the Department and our dedicated partners. Thank you for everything you do to advance equity in NYC.

With appreciation,
Michelle Morse, MD, MPH
Acting Health Commissioner
Chief Medical Officer
NYC Health Department

Domain I: Bridging Public Health and Health Care

Hospital Doula Friendliness Guidebook

The NYC Health Department recently published the [Hospital Doula Friendliness Guidebook](#), to support hospitals in implementing policies and practices that improve collaboration between hospital staff and doulas, trained birth specialists who offer culturally sensitive services to pregnant, birthing and postpartum people, and their families before, during, and after childbirth. The guidebook was produced in collaboration with the Maternal Hospital Quality Improvement Network, Ancient Song Doula Services, Brooklyn Perinatal Network, BX (Re)Birth and Progress Collective, and Caribbean Women's Health Association.

The guidebook details the ways doulas' expertise complements health care providers' expertise, explains the concept of doula-friendliness and discusses what doula-friendly policies look like. It lists specific procedures for assessing and improving the capacity of hospitals to implement these policies. The guidebook concludes with four appendices containing practical resources: a literature review of doula-effectiveness studies, a list of doula organizations in NYC and New York State, a sample doula-friendly policy, and a letter modeling doula-friendly communication.

Doula support during and after birth can lead to improved perinatal outcomes, such as lower rates of cesarean birth and postpartum depression, and higher rates and increased duration of breastfeeding. Such support is critical given the current crisis of infant and maternal mortality in the United States and NYC. In 2019, in NYC, approximately [57 people](#) died from pregnancy-associated causes. Between 2008 to 2014, [2,300 to 3,100 New Yorkers](#) suffered a life-threatening complication in childbirth. Such negative outcomes disproportionately affect Black people, who were [eight times more likely](#) than white people to die from a pregnancy-related cause between 2011 and 2015.

Public Health Corps: Community Health Workers

The NYC [Public Health Corps](#) (PHC) is a citywide effort to expand and support the public health workforce, specifically community health workers (CHWs), with goals to eliminate health inequities and improve respiratory and chronic disease outcomes. PHC is made up of partners and programs across the NYC Health Department's central office teams, Bureaus of Neighborhood Health, NYC Housing Authority (NYCHA), community-based organizations (CBOs), Federally Qualified Health Centers (FQHCs), and clinical sites in NYC. CHWs engage in outreach, health education, resource navigation, and community capacity building efforts to bridge the needs of communities to healthcare and social service programs.

- In primary care practice sites, CHWs connect patients to CBOs that offer solutions for unmet health-related social needs including the most common needs: food, housing, utilities, and transportation. However, many CHWs would say the healthcare they are most successful at delivering happens in their conversations. "Listening empathically," said Allison Foley, a CHW with the Bureau of Equitable Health Systems, "I may notice a person's strength and share it out loud. Hearing their despair, I put it into words. I advocate, make calls on their behalf, tell their stories, and connect them to others who want to help. We are a bridge to resources but more importantly, we connect to people's hopes, dreams, and fears. We work in the art of relating—the creative art of observation, the empathic art of listening, and the generous art of giving support. Relating may be hard to measure in numbers, but it seems to be good medicine."
- In NYCHA developments, CHWs with [the Health Advocacy Partners Program](#) (HAPP) provide health workshops, individual health coaching, and resource navigation. Over 1,900 residents participated in 128 workshops in the last quarter. Topics ranged from diabetes, hypertension, exercise, and mental health. In a recent survey, 96% of participants (n=110) reported that they would recommend HAPP to a friend, family member, or neighbor.
- In December, the Public Health Corps Advisory Council (PAC), which serves to increase collaboration and responsiveness of City government to community experience and the needs of PHC program implementation during COVID-19 recovery and beyond, met in-person for their end-of-year quarterly meeting. The PAC is comprised of 15 members representing the diversity of social, linguistic, and economic experiences in NYC. PAC members are led by three co-chairs representing the NYC Health Department, Health + Hospitals, and civil society.

Domain 2: Advancing the NYC Health Department's Commitment to Antiracism in Public Health Practice and Policy

#RighttoVBAC: Expecting. Educating. Empowering

In December 2024, the Coalition to End Racism in Clinical Algorithms (CERCA) launched #RightToVBAC: Expecting. Educating. Empowering, an educational storytelling campaign that empowers individuals throughout their pregnancy to make informed choices about their right to have a vaginal birth after cesarean (VBAC). This important event, held at the historic Weeksville Heritage Center in Crown Heights, Brooklyn, engaged attendees to promote institutional transparency through educational, clinical, and interpersonal relationships to create informed consent and accessibility around VBAC.

A series of videos and posters emphasized providing informed consent and equitable, people-centered approaches for birthing preferences for Black and Latino women and birthing people, and comprehensive counseling for labor after cesarean and VBAC. CERCA's VBAC Project Manager, Dr. Mona Quarless, and CERCA's Program Coordinator, Naomi Legros, moderated a panel discussion prompted by the video series (links below). The panel engaged in a robust dialogue that centered on a range of topics, including culturally humble and congruent VBAC counseling, the importance of person-centered communication, what advocacy and awareness look like, and the importance of discussing racism in medicine

Attendees were supported in identifying the systems that have enabled and sustained racialized harm through the misuse of race in decision-making processes of birth plans, advocating for equitable outcomes in VBAC, taking the necessary steps to begin repairing the harm that Black women and birthing people have faced, and mitigating inequities in Black maternal health.

Visit the NYC Health YouTube page to watch the videos from the event.

- [Vaginal Birth After Cesarean \(VBAC\): Akia's Story](#)
- [Vaginal Birth After Cesarean \(VBAC\): Jennifer's Story](#)
- [Vaginal Birth After Cesarean \(VBAC\): Makeda—A Doula's Perspective](#)
- [Vaginal Birth After Cesarean \(VBAC\): Helena—A Midwife's Perspective](#)
- [Vaginal Birth After Cesarean \(VBAC\): Race in VBAC](#)

We are thankful for panelists, Dr. Christina Pardo from Weill Cornell, Dr. Kandis Mclean from New York Presbyterian-Columbia, Anabel Rivera from Ancient Song Doula Services, and our patient representative and mother of four, Jennifer Deror. We would also like to thank Helena Grant, Senior Advisor on Midwifery Initiatives in the Bureau of Maternal, Infant and Reproductive Health for her expertise and our partners at Maimonides Health, including Dr. Thomasena Ellison, for spearheading this idea during the first iteration of CERCA.

Domain 3: Building Institutional Accountability

Upholding the Emergency Medical Treatment and Active Labor Act

The New York State (NYS) Department of Health has issued [guidance to hospitals and diagnostic and treatment centers](#) to affirm that they must treat all patients equally. Refusing to provide services or withholding services to patients based on their race, color, religion, sex, gender identity or expression, national origin, disability, sexual orientation, or age may be considered discrimination under Article I, Section 11 of the NYS Constitution, as well as the NYS Human Rights Law and the Patients' Bill of Rights. NYS Executive Law Section 296(2) (a) prohibits hospitals, including diagnostic and treatment centers, from unlawfully discriminating against anyone on the basis of race, creed, color, national origin, citizenship or immigration status, sexual orientation, gender identity or expression, military status, sex, disability, marital status, or status as a victim of domestic violence, either directly or indirectly, including to refuse, withhold from, or deny to such person any of the accommodations, advantages, or privileges of such facility. For more information, see [Patient Abandonment and Equity in Care](#).

Addressing systemic factors that impact chronic disease rates

NYC recently published "[Addressing Unacceptable Inequities: A Chronic Disease Strategy for New York City](#)," on how to address systemic factors that impact chronic disease rates. A task force of leaders from multiple NYC government agencies, including the NYC Health Department, proposed 19 initiatives, both new and existing, as part of the strategy.

The strategy focuses on three key approaches:

- Meeting the material needs of New Yorkers by improving access to resources such as food and government benefits.
- Addressing the commercial determinants of health by working to reduce exposures to and consumption of unhealthy products such as ultra-processed foods, tobacco, and alcohol.
- Promoting opportunities for healthy living by investing in policies and programs that promote nutritious foods, physical activity, and social connection in communities.

Since the start of the COVID-19 pandemic, life expectancy in NYC has dropped dramatically and inequitably from 82.6 years in 2019 to 78 years in 2020, rising to 81.5 years in 2022. Between 2019 and 2020, the largest decreases were observed among Black and Latino New Yorkers, among whom life expectancy fell by 5.5 and 6 years, respectively. Similar inequities by race, ethnicity, and income also exist for rates of premature death (death before age 65).

In response, the Health Department launched [HealthyNYC](#), with an overall goal of increasing life expectancy to exceed 83 years by 2030. HealthyNYC sets ambitious goals, which will require specific gains among Black New Yorkers, to address key drivers of death including chronic disease, suicide, maternal mortality, violence, drug overdose, and COVID-19. The chronic and diet-related disease goals established by HealthyNYC include reducing deaths by 2030 due to heart- and diabetes-related diseases by 5% and due to screenable cancers by 20%, as these are leading causes of death among all racial and ethnic groups in NYC. The task force was organized in Fall 2023 to leverage the unique capabilities and resources of City agencies to address the upstream factors that influence chronic disease outcomes.

Temp CHEC (Climate, Health, Environment & Change)

Public Transit

Most New Yorkers rely on our public transit system, which is one of the oldest, largest, and most-used public transit systems in the world. NYC's public transit system makes this a more equitable city, but public transit's benefits are more than economic:

Public transit is good for health. Access to transit increases opportunities for healthy regular physical activity, which translates directly to a healthier lifestyle. The City's [Active Design guidelines](#) offer tools and strategies for ways to build opportunities for physical activity and health into our city.

Public transit improves air quality. In NYC, a neighborhood's air quality is related to its traffic density, building emissions, and density of restaurants and industrial areas. Public transit reduces the traffic on the roads, and NYC has seen improvements in air quality when traffic is reduced. We have also seen that [the most significant health impacts of poor air quality are felt in NYC's poorest neighborhoods](#).

Public transit is good for the climate. Taking the subway or bus is one of the greenest ways to get around. Greenhouse gas emissions (which we reduce when we use public transit instead of cars) drive climate change, [which threatens New Yorkers' health today and in the future](#).

Transit is vital for an equitable city. A strong public transit system supports working New Yorkers, especially those with lower incomes. [Over 60% of low-income residents in the Bronx, Brooklyn, Queens, and Staten Island rely on public transit to get to work](#). At a neighborhood level, it means access to economic opportunity. Expanding NYC's transit network can help address long-term disinvestment in some NYC neighborhoods. And an equitable transit system must be accessible to all, since 1 out of every 8 NYC residents has a mobility impairment.

Help your eligible low-income patients apply at Fair Fares for half-price MetroCards: <https://www.nyc.gov/site/fairfares/index.page>

Events and Services

Bureau of Immunization Office Hours

The Bureau of Immunization holds office hours for health care providers on the first Wednesday of every month from 12pm to 1pm. Staff will be available to answer questions about reporting to the Citywide Immunization Registry, the Vaccines for Children (VFC) program, Advisory Committee on Immunization Practices vaccine recommendations and guidelines, measles, respiratory syncytial virus, and other topics.

- Email nycimmunize@health.nyc.gov with the subject line "Provider Office Hours Distribution List" to receive registration details.

No-Cost Doula Services

The [Citywide Doula Initiative \(CDI\)](#) is part of the New Family Home Visits Initiative, which provides free access to home visitors and doula support for birthing people and parenting families. Doulas from this initiative provide professional, no-cost doula services to residents of neighborhoods that have been especially affected by COVID-19. For eligibility and connections, please visit the [CDI site](#).

Spanish-speaking Mothers and Infants/Toddler Support Group

The [Harlem Bureau of Neighborhood Health](#) offers a support group for Spanish-speaking mothers and their infants or toddlers called, "Ven A Crecer Con Su Familia." The group includes 10 to 12 mothers who meet weekly to discuss topics such as infant-child development, maternal healthy eating, postpartum depression, harm reduction, sexual health, and breast cancer awareness. Each discussion is followed by an activity for the infants and toddlers such as art therapy, or a visit from a library representative to read and sing with the group and provide each child with a book. During the Summer, they also have a walking group.

- Share the Event Brite link to programs with families: bit.ly/HarlemActionCenter
- For referrals and to receive notifications of programming and updates, email HarlemFWS@health.nyc.gov

Diabetes Self-Management Education and Support Class

The [Brooklyn Bureau of Neighborhood Health](#) offers a free diabetes self-management education support program in collaboration with local partners. Classes are two hours long, offered on a weekly basis, and last five or six weeks. People who complete five classes receive a free Fit Bit while supplies last.

- [Register for the class series](#). You can also [sign up to receive updates](#) when new classes are scheduled. Online and in-person sessions are available.
- For more information or questions, contact Tanisha Herrera-Pearce at 718-637-5226 or email therrera@health.nyc.gov.

Chronic Disease Self-Management Program

The [Bedford Health Center](#) offers a six-week virtual workshop supports those with or at risk for hypertension to learn how to manage symptoms and medications, eat healthy, and create an exercise program. Classes take place in English, but interpretation is available upon request. For interpretation, contact us at least 72 hours before the first class. Participants may be eligible to receive a free blood pressure monitor.

- Please contact BrooklynNH@Health.nyc.gov or call 718-637-5304 to sign up.
- For more information on these and other programs, please visit <https://www.nyc.gov/site/doh/health/neighborhood-health/health-center-bedford.page>

Recent Publications

Maru S, Porchia-Albert C, Lockworth K, et al. Building HOPE: Integrating community-based doula care in public hospitals in New York City. Health Aff Scholar. 2025;qxaf033. doi:[10.1093/haschl/qxaf033](https://doi.org/10.1093/haschl/qxaf033)

Parrella K, Van Troy-Duran H, Vasilakos E, Laurent K, Watkins J. The COVID-19 Disparities Grant: A lesson in radical place-based investment to overcome COVID-19–related health disparities. Am J Public Health. 2024;114(S7):S566-S569. doi:[10.2105/AJPH.2024.307766](https://doi.org/10.2105/AJPH.2024.307766)

New Staff

The Citywide Doula Initiative is thrilled to welcome **Kimberly Comfort**, Program Associate on the Clinical and Community Partnerships team. She will be responsible for maintaining relationships with maternity hospitals and coordinating technical assistance meetings, referral pathways, and educational presentations with them. Kimberly is originally from Houston, Texas, and graduated with an MPH in Health Communications from Tulane University. She has experience in maternal and child health, nutrition, diabetes self-management, HIV and sexually transmitted infections, and working with homeless populations.

Lanaia DuBose has joined the NYC Health Department's Race to Justice program as its Executive Director of Equity Strategic Planning and Programming. Lanaia most recently served as Chief of Staff at Queensborough Community College where she was a member of the cabinet. In this role, she worked to streamline processes and procedures, operationalize the strategic plan, and enhance opportunities for collaboration between the President's office and members of the College community. She was previously at LaGuardia Community College where she served as the Confidential Executive Officer to the Vice President of Adult and Continuing Education and was a leader in the college's strategic planning and institutional effectiveness operations. While there, she developed a scholarship administration process that helped more than 600 New Yorkers get career training they needed to get back to work after the pandemic. Prior to LaGuardia, she served as a Program Officer at the Institute of International Education, working on projects that increased access to higher education for students across the globe as well as grant programs that helped develop and educate nonprofit organizations overseas. Lanaia has an MA in International Relations with a focus on International Education and a certificate in Non-Profit Management from Seton Hall University. She completed her BA in European History at Elon University; her undergraduate thesis was on the experience of Afro-Germans during the Holocaust.

For more updates, follow [@nychealthy](#) and [@nychealthcmo](#) on Twitter.