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Welcome to our Spring 2026 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 you would like to see in future newsletters or find out how to connect with the NYC Health Department by emailing us at chiefmedicalofficer@health.nyc.gov.

Message from the NYC Health Department's CMO

After more than five years of service, I will be leaving the NYC Health Department. It has been an honor to serve as the inaugural Chief Medical Officer and more recently, as Acting Health Commissioner of the NYC Health Department.

When I joined the Health Department, we were in the middle of the COVID pandemic. I spent my first weeks vaccinating New Yorkers in Brooklyn and the Bronx, meeting with leaders and staff at safety net hospitals throughout NYC, and caring for patients at Kings County Hospital. As CMO, I published the first-ever [CMO Strategic Plan](#), launched the [Coalition to End Racism in Clinical Algorithms](#), and facilitated the declaration of [racism as a public health crisis](#) by the Board of Health.

When I started, I was also the Deputy Commissioner of the Center for Health Equity and Community Wellness at the Health Department. This role brought me tremendous joy. I learned so much about place-based and antiracism frameworks in action. We developed our [white paper on the racial wealth gap](#) in partnership with the Federal Reserve Bank of New York, as well as our first-of-its-kind study highlighting [Racial and Ethnic Inequities in Wealth and Health Among New Yorkers](#). We also developed the [proportional share index \(PSI\)](#), which I hope will upend health care segregation, and stood up our NYC Public Health Corps, which supports community-based organizations in successfully building robust community health worker (CHW) teams.

During my tenure as Acting Health Commissioner, [life expectancy in NYC rose to its highest-ever level](#); we put forward an [anti-poverty agenda for chronic disease prevention](#); we launched NYC's first [Neighborhood Stress-Free Zone](#) to protect maternal health; and we [released a plan](#) to expand our team of CHWs to 10,000 people by 2030 to advance health equity in our city.

We had fun too, despite the profound and unprecedented challenges in public health in 2025! I loved leading [celebrations for the agency's 220th anniversary](#) and enjoyed our many collaborative events such as the [Lincoln Detox Center Healing ARC Symposium](#).

In the coming weeks, I will be working with teams to close out and transition various projects. We are extremely fortunate that Dr. Toni Eyssallenne will continue as Deputy Chief Medical Officer in support of a smooth transition. I cannot thank her enough for her leadership and service.

I did my best to lead the Health Department with equity and stability through public health crises, leadership changes, and so much more. I will be rooting for all of you who have read these newsletters as you guide your staff and patients in this incredibly important moment for public health, NYC, and our country.

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

Bridging Public Health and Healthcare

Window Guards Save Lives

Properly installed window guards have protected thousands of children from window falls for 50 years. NYC was the first city in the United States to adopt a window guard policy, in 1976. As the weather warms and New Yorkers open their windows for fresh air and to install air conditioners, the chance for accidental window falls increases. Last year, there were four nonfatal window falls among children 10 years of age or younger in NYC.

Healthcare professionals must immediately **report any incidents of a child falling from a window to the NYC Health Department using [the Child Window Fall Reporting Form](#)**. Reporting helps prevent injuries, aligns with public health regulations, and protects children from harm. The NYC Health Department is required to investigate window falls and relies on healthcare providers to report these falls.

- All information provided is followed up by the NYC Health Department.
- The NYC Health Department will then work with the family and building owner to prevent further falls.

Under the NYC Health Code, owners of buildings with three or more units must

- Properly install and maintain approved window guards or limiting devices in apartments where children aged 10 years or younger live or spend time.
- Install window guards in common areas if children aged 10 years or younger live in the building.
- Provide window guards upon tenant request, even if no children reside in the unit.

Falls from windows are a preventable cause of serious injury and death among young children in NYC. Families in your practice can call 311 to file a complaint if a building owner refuses to install window guards.

Eat Healthy Live Life

Formerly known as East Harlem Asthma Center of Excellence (EHACE) Chefs, **Eat Healthy Live Life (EHLL) was launched in the summer of 2014 in East Harlem in response to concerns about food insecurity**. What began as a small, ad hoc nutrition education effort serving five participants has grown into a trusted, community-based program grounded in local partnerships and community voice.

A [2021 qualitative evaluation](#) found that 44% to 62% of EHLL participants were at risk for food insecurity and identified health coupons as a critical factor in improving access to healthy foods. In 2025, EHLL 2.0 was launched as a 10-week pilot in Central Harlem serving adults ages 51 years and older with a self-reported chronic disease condition, further strengthening the bridge between clinical care, public health, and community-based support for chronic disease management. Program participants received hands-on tools to support behavior change at home, including measuring cups, blenders, and food scales.

Today, EHLL reaches approximately 330 participants weekly, underscoring sustained community demand and the need for ongoing funding, staffing, and evaluation support. EHLL complements clinical care by addressing social drivers of health through culturally responsive nutritional education. The program offers multilingual classes in English, Spanish, and Mandarin, [Health Bucks](#) coupon distribution, and guided walks to local farmers markets during market season from July to November.

NYC healthcare providers can play a key role in engaging patients with EHLL programs. **Providers in East or Central Harlem are encouraged to introduce EHLL during routine visits to people who are experiencing food insecurity and are managing chronic conditions, such as hypertension, diabetes, hyperlipidemia, or obesity, and connect them to program staff or community partners. EHLL supports warm handoffs and reinforces nutrition guidance beyond the exam room.**

For more information, contact Anthony Fonseca at 646-581-4295 or afoncesa@health.nyc.gov.

Advancing Anti-racism in Public Health Practice and Policy

Kidney Transplant Wait Time Modifications

CMO Dr. Michelle Morse recently co-authored the article, [Wait Time Modifications for Black Transplant Candidates Affected by Race-Based Kidney Function Estimation](#), published in the *Journal of the American Medical Association (JAMA) Internal Medicine*. The paper examined the change in national kidney transplant rates after implementation of a 2023 mandate from the Organ Procurement and Transplantation Network (OPTN) that US kidney transplants programs submit wait time modifications for Black candidates who were disadvantaged by race-based eGFR equations.

The report included 181,314 kidney transplant candidates; 56,344 were Black (31.1%) and 124,970 were other racial and ethnic groups (68.9%), including American Indian/Alaska Native, Asian, Hispanic/Latino, Native Hawaiian/ Other Pacific Islander, White, multiracial, and unknown. From January 2023 through June 2025, 21,119 transplant candidates received wait time modifications, which added a median of 1.7 years, and a total of 51,061 person-years of waitlist time.

From January 2023 through June 2025, **the policy was associated with an increase of 5.3 transplants per 1,000 Black candidate listings**, with significant increases among preemptive and postdialysis candidates but without significant changes in living donor transplant rates or transplant rates among non-Black and/or Hispanic candidates.

“Until 2021, national guidelines upheld race-based equations that assigned higher kidney function estimates to Black patients, delaying subspecialist referral and transplant waitlisting,” the authors wrote. “These findings provide evidence that remedying the harms of race-based medicine may be a promising approach to address racial kidney transplant inequities.”

Active Design Guidelines 2.0

In December 2025, [NYC released the Active Design Guidelines 2.0 \(ADG 2.0\)](#), a **practical blueprint to equitably improve the health of New Yorkers through the design of NYC's built environment—its streets, neighborhoods, and buildings**. ADG 2.0, an update to the original guidelines published in 2010, shares evidence-informed strategies and calls for close collaboration with communities to develop neighborhood-based solutions to advance health equity, which encompasses physical health, mental wellness, social connectedness, public safety and civic trust, and racial justice. The guidelines were developed as a cross-agency collaboration between the NYC Health Department and the Departments of Transportation, Parks, City Planning, Design and Construction, and Housing Preservation and Development, with support from the [Center for Active Design](#) and input from other city agencies and external experts.

Takeaways from the guidelines for healthcare professionals include

- The built environment, including the neighborhoods and buildings in which we spend time, have a profound impact on our physical, mental, and social wellbeing. Health is not just shaped by individual decisions, but environmental conditions such as access to vital resources including housing and high-quality outdoor spaces.
- Meaningful, inclusive collaboration with communities in the design of their spaces and programs can help boost perceptions of neighborhood social cohesion, sense of belonging, and equity.
- When it comes to designing neighborhood-based health initiatives, valuing the expertise of the community can make a project more successful and lead to health benefits.
- Healthcare settings can be designed in ways that mitigate stress and foster a sense of inclusivity, such as integrating greenery and accessible signage.
- Collaboration and continued leadership among architects, designers, planners, and public health and medical professionals are critical to optimizing the built environment to advance health equity.

Building Institutional Accountability

Gender and Racial Equity Advisory Board

[Local Law 30](#), which the NYC Council passed in February 2021, directed the NYC Health Department to establish an advisory board to address gender and racial discrimination in health care systems. Testimonies in support of the bill highlighted how harassment has an enduring and negative impact on workplace culture, career opportunities, patient experiences, and health outcomes, especially for gender and racial minorities.

The Gender and Racial Equity Advisory Board builds on the NYC Health Department's ongoing efforts to eliminate inequitable treatment and practices across NYC's health care system. This advisory board is charged with reviewing current policies and factors occurring within the city's hospitals and other health care services contributing to discrimination and provides recommendations to the Mayor and City Council on an annual basis. The recommendations relate to:

- factors contributing to gender and racial inequity in health care, especially employment decisions and patient care;
- protocols for health care services to address inequity;
- measures to address gender and racial inequity in hospitals and health care services; and
- methods to raise awareness about gender and racial inequity and local, state, and national solutions.

The advisory board consists of 13 multidisciplinary representatives from city agencies, labor unions, a hospital trade association, and advocacy organizations. This advisory board of health care and equity experts met once last year in September, and they are scheduled to meet at least four times in 2026.

The NYC Health Department's Office of Healthcare System Strategy and Accountability published the [inaugural report](#) a few months ago. The report describes the realities that make the work of the advisory board necessary and the vision the advisory board will strive to achieve.

For more information about the advisory board or to explore partnerships, contact our Chief Equity Officer and the advisory board's co-chair, Dr. Zahirah McNatt at zmcnatt@health.nyc.gov and the advisory board's facilitator Donna Castelblanco at dcastelblanco@health.nyc.gov.

Structural Competency in Medical Education

On October 24, 2025, the Office of the CMO partnered with the Advancing Health Sciences Institute at the Icahn School of Medicine at Mount Sinai for the Challenging Norms conference, bringing together health professionals to advance health sciences education amid an uncertain and evolving political landscape. This marked the third medical education and allied health symposium executed by the CMO Office.

Following the conference, our team became aware of **proposed revisions to Liaison Committee on Medical Education (LCME) Standard 7, changes that remove explicit expectations for teaching structural competency, the framework that prepares physicians to recognize how systems such as housing, food access, public policy, and long-standing inequity shape patient health.** In response, the CMO Office joined the Coalition for Structural Competency in Medical Education in a concerted advocacy effort, including an [open letter](#) urging the LCME to maintain robust, assessable standards for this essential area of physician training. Additionally, CMO Dr. Michelle Morse and Dr. Jonathan MetzI published [a perspective piece on how proposed revisions to structural competency training requirements threaten health equity.](#)

Despite these efforts, the LCME has moved forward with the revisions. Structural competency is not an elective dimension of medical education; it is foundational to safe, ethical, and equitable care. We remain committed to this work and strongly encourage providers and educators to continue advocating for the inclusion of structural competency in medical curricula, training programs, and institutional standards.

Temp CHEC (Climate, Health, Environment, and Change)

Congestion Pricing: Funding Better Health

Congestion pricing has reduced emissions, made streets safer, improved quality of life, and is on track to generate enough revenue for the Metropolitan Transit Authority's [\(MTA's\) transit](#) and commuter rail capital projects. As part of the program's federal environmental review, the MTA committed to investing funds from congestion pricing's revenue in environmental justice mitigations, most of which will go to programs operated by NYC agencies. The NYC Health Department received a total of \$20 million that will broadly be used to reduce [asthma morbidity and mortality among children in the Bronx](#).

The NYC Health Department's investments include:

- \$8.9 million for the Bronx Asthma Program, to provide new community-based asthma programming through a neighborhood asthma initiative;
- \$11.1 million to expand the Asthma Case Management Program, which provides intensive support, in-school medication administration, and self-management education for students with asthma and their families.

In addition, when congestion pricing began, the NYC Health Department received \$1 million for air quality monitoring in specific corridors. Early findings are described below (see "Congestion Pricing: Year One Evaluation").

Congestion Pricing: Year One Evaluation

In January 2026, the NYC MTA published an [evaluation report](#) that includes data from the NYC Health Department about changes in air quality since NYC's congestion pricing program began. The congestion pricing program began on January 5, 2025, when the Triborough Bridge and Tunnel Authority began tolling vehicles entering the Congestion Relief Zone (CRZ). The NYC Health Department has been working with the MTA to expand our neighborhood level air quality monitoring network (NYC Community Air Survey) to better capture potential changes in air quality in [environmental justice-designated neighborhoods](#) outside of the CRZ. Environmental justice-designated neighborhoods are geographic areas formally designated by NYS and NYC as disproportionately burdened by environmental pollution, negative public health effects, and the impacts of climate change.

The report's highlights include:

- More than 21 million fewer vehicles entered the central business district between January and October 2025, a reduction of 11%.
- \$468 million in net revenue raised through October 2025 and on track to generate more than \$500 million in the first year. Funds will be used to make infrastructure improvements to the public transit system.
- Bus ridership increased 8% year-over-year on routes serving the CRZ, and subway trips into the CRZ increased 9%, between January and September 2025.
- Levels of fine particulate matter (PM2.5), nitric oxide (NO), nitrogen dioxide (NO2), and black carbon (BC) remained the same or were slightly lower within the CRZ, among the environmental justice-designated neighborhood sites as a group and throughout the remainder of NYC following implementation of the tolling program.
- Total greenhouse gas emissions decreased 6.1% year-over-year in the CRZ between January and September 2025.

The NYC Health Department will publish a report in Summer 2026 looking at the full 12 months before and 12 months after the start of tolling.

Events and Services

Speak with Our Experts

Bureau of Immunization

The Bureau of Immunization holds office hours for health care providers on the first Wednesday of every month from 12 pm to 1 pm. **Staff will be available to answer questions about reporting to the Citywide Immunization Registry, the Vaccines for Children (VFC) program, 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.

Events

Pediatric Asthma Lunch and Learn Webinar Series

Join NYC Health + Hospitals and Lincoln Hospital on [April 24](#), [May 29](#), [June 26](#), [July 31](#), [August 28](#), and [September 25](#) from 12:15 pm to 1 pm for the 2026 [Lunch and Learn Pediatric Asthma Webinar Series](#). This series covers essential asthma management strategies, including the role of the Asthma Action Plan, asthma management in schools, including school medication administration protocols, and free resources for parents and caregivers to manage home triggers such as mold and pests.

Lincoln Detox Center Healing ARC Symposium

The Lincoln Detox Center has a legacy of tackling opioid use in the South Bronx, advancing community advocacy, and shaping public health responses. On February 11, 2026, the NYC Health Department hosted the Healing ARC Symposium at Hostos Community College. The event is available to watch here: <https://vimeo.com/event/5720715>.

Commercial Tobacco Products Webinar

The NYC Health Department's Bureau of Chronic Disease Prevention's Tobacco Policy and Programs Unit hosted the webinar, "**Commercial Tobacco Products: What is Everyone Saying Online?**" The webinar showcased findings from a media monitoring project with [Public Good Projects](#). The recording is available [here](#) (Passcode: ^Ud3vp34).

First New York Blood Center in Queens

New York Blood Center (NYBC) celebrated the grand opening of its first donor center in Queens on December 10, 2025. The center is located at 107-10 Queens Blvd in Forest Hills. NYBC was joined by Deputy Queens Borough President Ebony Young, NYC Council Member Lynn Schulman, the NYC Health Department's Deputy CMO Dr. Toni Eyssallenne and other community partners for a ribbon-cutting event at the new state-of-the-art facility. NYBC leaders noted that Queens is known for its diversity and diversity is essential to a strong blood supply, especially for patients who need closely matched blood, such as those with sickle cell disease or thalassemia.

Events and Services

Services

Bureaus of Neighborhood Health

The NYC Health Department has bureaus placed locally in the Bronx, Brooklyn, and Harlem; learn more about the **health and wellness services and classes** available to people in these communities.

- [Bronx Health Services](#)
- [Brooklyn Health Services](#)
- [Harlem Health Services](#)

NYC Health Clinics

The NYC Health Department offers **sexual health, immunization, and tuberculosis (TB) services** at [clinics](#) located throughout NYC. Our clinics proudly serve all New Yorkers, regardless of immigration status, and support our LGBTQ+ communities. They accept all types of insurance, including Medicare Part B and Medicaid.

- [Sexual Health Clinics](#): These facilities provide low- and no-cost confidential services for sexually transmitted infections, including HIV. Clinics are available in the Bronx, Brooklyn, Queens, and Manhattan.
- [Immunization Clinic](#): The Fort Greene Health Center in Brooklyn provides immunizations recommended for children age 4 years and older, teens, and adults. Additional community health centers offering similar services are available in Manhattan and Staten Island.
- [Tuberculosis Chest Centers](#): Anyone at risk for TB can get a free evaluation and treatment at a chest center. Chest centers are located in the Bronx, Brooklyn, Queens, and Manhattan.

Recent Publications

Bridging Public Health and Health Care

- NYC Health Department. [2026 Health Advisory #6: Help Prevent Heat-Related Illness and Death](#). April 7, 2026.
- NYC Health Department. [2026 Health Advisory #5: Spring is Here: Prepare People with Asthma for Pollen Season](#). March 16, 2026.
- NYC Health Department. [2026 Health Advisory #4: Travel Associated Clade I Mpox Detected in New York City](#). March 13, 2026.
- NYC Health Department. [2026 Health Alert #3: Protect People at Risk of Cold-Related Death During Prolonged Cold Temperatures](#). February 4, 2026.
- NYC Health Department. [2026 Health Advisory #2: Medetomidine Withdrawal](#). January 23, 2026.
- NYC Health Department and NYS Department of Health. [2026 Health Advisory #1: New York State Immunization Practices Following Federal Changes to Childhood Vaccine Recommendations](#). January 7, 2026.

Advancing Antiracism in Public Health Practice and Policy

- Abbasi H, Fleuristal J, Legros NC, Eyssalenne AP. [Antiracism Pedagogy in Medical Education](#). *N Engl J Med*. 2026;394(14):1358-1360.
- Diallo F, Jimenez R, Dorvil S, Nieves C, Shiman L, Brooks B, Pierre J, Dannefer R. [Through the fog: Community voices on the impact of COVID-19 in historically disinvested NYC neighborhoods](#). 2025.
- Hyland J, Cohodes M, Glenn L, De Leon S, Shakya S, Herrera E. [Embedding racial equity in a health access campaign in New York City: The importance of tailored engagement](#) [Epub ahead of print]. *J Public Health Manag Pract*. January 15, 2026.

Building Institutional Accountability

- NYC Health Department. [Active Design Guidelines 2.0: Designing for Health and Equity](#). December 10, 2025.
- NYC Health Department. [Gender Racial Equity Advisory Board Report](#). December 1, 2025.

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