

The Bridge (Issue 11)



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Welcome to our Summer 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 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

On June 5, the NYC Board of Health unanimously passed a statement: <u>The</u> <u>NYC Health Department's Continued Work is Critical to Protecting Public Health</u>. The statement describes the Department's historic accomplishments, affirms the responsibility of the Department to protect and promote the health of New Yorkers, the duties of the Board of Health, and the role of duly elected and appointed officials to prevent harmful changes to public health and behavioral health services. The statement also commends Department staff for their service in pursuit of the Department's mission.

Recognizing the threats that we face due to federal action, the statement includes directives to the Department to (1) monitor and assess the impact of federal changes to public health and behavioral health services, and report potential remedies to the Board of Health, (2) continue implementation of science-based public health guidance and combating misinformation and (3) engage in regional collaborations to promote public health. The Board also voted on a Health Code amendment to tighten confidentiality provisions, further protecting New Yorkers' privacy.

While we have made incredible progress locally securing the health of New Yorkers, federal policy changes have caused concern. Recently, in an unprecedented and alarming move, the Department of Health and Human Services dismissed all 17 members of the Advisory Committee on Immunization Practices (ACIP), an independent policy advisory group to the Centers for Disease Control and Prevention. We are monitoring these changes to ACIP and the possibility of changes to vaccine guidance that could put public health at risk. **The NYC Health Department is committed to science-based immunization information and policy.** We are working closely with the New York State Department of Health and other partners to ensure that New Yorkers continue to have access to safe and effective vaccines and that our clinicians have trusted resources to turn to for guidance.

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

Domain 1: Bridging Public Health and Healthcare

Raising Long COVID Community Awareness

Established in March 2024, the Building Resiliency and Vaccine Equity (BRAVE) program at the NYC Health Department focused on two objectives:

- 1. Reduce racial and ethnic inequities in COVID-19 and influenza vaccinations, by expanding vaccine coverage, confidence, and access; and
- 2. Raise long COVID community awareness and how it may impact health and wellbeing.

Approximately 17 million adults (ages 18 and older) in the United States <u>report</u> having a history of long COVID. With every COVID infection, risk of developing long COVID increases; however, staying up-to-date on COVID vaccinations is associated with a <u>reduced risk</u> of developing long COVID. People with pre-existing health conditions, women, and Black and Latino people are not only at increased risk of developing long COVID, but also report having more <u>moderate to severe symptoms</u> of long COVID.

BRAVE partnered with 14 community-based organizations (CBOs) in over 25 zip codes in 29 languages. These CBOs served as trusted credible messengers and uniquely tailored their approach to be culturally appropriate and relevant to their communities. BRAVE and its partners created original materials promoting vaccination; distributed vaccine information through traditional and social media, phone/text, email, and other modalities; engaged in street-level outreach events such as tabling and canvassing; hosted group conversations to understand vaccine fears and concerns and increase vaccine confidence and knowledge; and provided one-on-one vaccine and other resource navigation. The program also helped partners build capacity by offering convening spaces to share knowledge, present program data, and combat misinformation; by providing long COVID and health equity trainings; by sharing data to inform decisions, community needs, and outreach; and by offering ongoing support for planning and strategizing.

From March 2024 to April 2025, BRAVE and its partners:

- Referred 37,323 New Yorkers for COVID vaccination.
- Reached 283,634 community members at events.
- Distributed 541,957 pieces of educational literature.
- Held 797 community conversations.
- Referred 71,744 people to COVID-related services, 19,387 people to long COVID-specific services, and 231,805 to other health and social services.
- Vaccinated 1,216 people at COVID or flu events.

BRAVE was funded by the Centers for Disease Control and Prevention and concluded its programming in June 2025. We are thankful for all the BRAVE partners and staff members who contributed to the success of this program.

Domain 2: Advancing Anti-racism in Public Health Practice and Policy

Toolkit for Removing Harmful Race-based Clinical Algorithms

For decades, race-based clinical algorithms and guidelines have quietly shaped medical decisions—delaying care and reinforcing systemic racism in healthcare. Marginalized communities have been disproportionately impacted, facing delays in life-saving treatments and leading to inequitable care.

Over the last 2 years, the NYC Health Department's <u>Coalition to End Racism in</u> <u>Clinical Algorithms (CERCA)</u> worked with nine major NYC hospitals to identify and remove harmful race-based clinical algorithms from their systems. Their work has set a new precedent for racial equity in healthcare.

Building on this proven model, <u>CERCA</u>, in partnership with the <u>Digital Medicine</u> <u>Society</u> and <u>The SCAN Foundation</u>, has developed a practical, action-oriented toolkit that provides strategies, resources, and real-world examples needed to eliminate harmful race-based algorithms and guidelines in clinical settings—helping improve patient outcomes and deliver safer, more effective care.

The time needed to complete the process will vary depending on the institution, but each step is designed to be manageable and impactful, allowing for steady progress toward equitable care.

The toolkit includes:

- Five clear steps to navigate the de-implementation process
- Guidance for engaging health system leadership and clinicians
- Resources for educating providers and supporting patients

View the toolkit at the Digital Medicine Society's website: <u>Removing Harmful</u> <u>Race-based Clinical Algorithms: A Toolkit.</u>

Domain 3: Building Institutional Accountability

Commission on Racial Equity

In November 2022, NYC voted to establish the <u>Commission on Racial Equity (CORE)</u> to hold NYC government accountable to advance racial equity in government operations and to increase community voice in government decision making. A 15-member group composed of diverse New Yorkers with equity expertise and/or relevant lived experience, CORE is an independent commission. It has three foundational values: (1) Our government justly values all talents and contributions; (2) our government ensures the condition of thriving for every person; and (3) our government embraces vigilance, remedy, and reconstruction.

By law, CORE is mandated to identify and propose citywide community equity priorities; review and publicly comment on the new citywide Racial Equity Plans; track and publicly report on agency and citywide compliance with the racial equity planning process; receive complaints about agency conduct that may have the effect of exacerbating racial equity disparities and make recommendations to agencies to address such complaints where appropriate; and respond to requests of the speaker of the council and its committees regarding racial equity concerns.

In November 2024, CORE worked with more than 4,000 New Yorkers to develop 18 community equity priorities New Yorkers need to thrive. This year it is measuring the level of urgency for each of these priorities. New Yorkers may provide feedback through online survey, in-person conversations, virtual conversations or send written testimony to CORE via email to <u>AskCore@core.nyc.gov</u>.

- 1. Take the online survey on the Community Equity Priorities here.
- 2. Raise a concern about NYC agency conduct that may have the effect of exacerbating racial equity disparities <u>here</u>. For additional information about what types of conduct may be addressed, visit CORE's <u>Complaints page</u>.
- Invite us to an organizing meeting. CORE can join your meeting to share about our work and identify how we can collaborate. Email <u>AskCore@core.nyc.gov</u> for details.

Physicians for Human Rights Survey

<u>Physicians for Human Rights (PHR)</u> launched a national anonymous survey in March to assess the impacts of immigration policies, practices, and rhetoric under the federal administration on health care providers and the communities they serve. The survey's initial phase focused on PHR's network of clinicians and <u>found</u> that fear of immigration enforcement, family separation, detention, and deportation is directly contributing to harmful health outcomes. Patients are delaying care, missing preventive services, interrupting treatment, and arriving sicker and later to care settings.

PHR is now expanding the survey's reach to capture a broader, nationwide sample of clinicians across diverse geographies and practice settings. Expanding participation, especially across different states and regions, is critical. A larger, more geographically representative sample will not only strengthen the evidence base but will illuminate how these harmful impacts vary across communities, helping to guide more targeted policy and advocacy efforts. Every response adds power to the collective voice of health care providers standing up for their colleagues' and their patients' rights and well-being.

Please take a few minutes to complete the <u>anonymous survey</u> and share it widely with your colleagues and networks. Your participation is invaluable in building a stronger case for change.

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

Energy Insecurity, Heat, and Health

People need access to energy to stay healthy and safe. While conserving energy is good for the environment, being forced to go without energy due to cost when it is needed is dangerous to health. When people cannot afford to pay their energy bill, it is a form of energy insecurity.

This can bring about a "heat or eat" dilemma, where people concerned about paying their energy bills can forgo food, or even medicine because electricity is unaffordable. Chronic stress and other health impacts can result and take a toll on mental and physical health.

Energy Insecurity, Heat, and Health (Continued)

The NYC Health Department and Columbia University conducted <u>the first citywide</u> representative survey of energy insecurity and health and found that **almost 3 in 10 New Yorkers (28%) experience three or more forms of energy insecurity**, such as receiving a disconnection notice due to inability to pay, being too hot or cold at home, and using less energy because of cost. Energy insecurity is more common among New Yorkers who are Black, are Latino, have recently immigrated to the United States, are renters, live in households with children, or use electric medical equipment.

Due to climate-change-driven rising outdoor temperatures, the demand for energy to keep us safe goes up and so do the costs. This is an increasingly urgent issue to address because heat-exacerbated deaths, which can happen when being too hot makes a chronic condition worse, have been increasing in the last decade. The 2024 NYC Heat-Related Mortality Report found that more than 500 people die prematurely each year because of hot temperatures.

What you can do:

- **Refer people without an AC to apply for a free one** through the <u>Home Energy</u> <u>Assistance Program</u>, if they are eligible. Applications opened April 15. Apply as soon as possible because funding often runs out. For households without someone over age 60 or under age 6, a documented medical condition is required; help individuals you care for secure this documentation if appropriate.
- Encourage people to sign up for Con Edison's Financial Assistance Program, which provides a discount on monthly electricity and natural gas bills for qualified households. Some households are automatically enrolled if they receive other benefits, but that process is undergoing changes. To be sure, individuals can check their bill or log onto their account, and then register online.
- Advocate for equitable energy policy. While we are still early in the process of tackling energy insecurity, <u>the City's long-term energy plan includes initiatives to</u> <u>reduce the energy cost burden of low-and middle-income New Yorkers</u>. Proposed state legislation such as the NY HEAT Act seeks to cap energy bills for low-income customers at 6% of household income, codifying a goal already set by the state.

Real-time Heat-related Illness Data

Data on the number of heat syndrome visits to emergency departments, and the daily maximum temperature, are available at the <u>NYC Environment and Health</u> <u>Data Portal</u>. The NYC Health Department tracks heat-related illness with near real-time electronic data from emergency departments at hospitals throughout NYC. These data include illnesses directly attributed to heat (including heat exhaustion, muscle cramps, fainting and heat stroke), not the full burden of heat-related health impacts.

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, vaccine recommendations and guidelines, measles, respiratory syncytial virus, and other topics. Email nyc.gov with the subject line, "Provider Office Hours Distribution List" to receive registration details.

No-cost Doula Services

The <u>Citywide Doula Initiative (CDI)</u> 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. For eligibility and connections, please visit the <u>CDI site</u>.

Brooklyn Bureau of Neighborhood Health

The <u>Brooklyn Bureau of Neighborhood Health</u> offers classes virtually, in-person, or both. Most classes are in English, but language services can be provided. Among many other services, the <u>Brownsville</u> location offers support with:

- A certified lactation consultant to help prenatal and postpartum families achieve their breastfeeding goals.
- Legal rights and connections to resources about health law, family law, and housing/tenant rights.

Additionally, the Healthy Start Brooklyn program offers multiple classes including a free, virtual, 16-session class for fathers to promote personal and parental growth.

To learn more about these and other services, visit the <u>Brooklyn Health Services</u> page.

Events and Services

Harlem Bureau of Neighborhood Health

The <u>Harlem Bureau of Neighborhood Health</u>'s community engagement team has been reinforcing their outreach in the first half of 2025, going out each week to canvass CBOs, community centers, senior centers, and NYC Housing Authority management offices from East 99th to 125th Street. The team has had meaningful interactions with individuals (eg, making referrals to health insurance enrollment) and connected with local partners for further collaboration and resource distribution (eg, sharing details on resources and asthma programs).

The Harlem Bureau of Neighborhood Health offers a Family Wellness Suite dedicated to promoting healthy parents, caregivers, and babies through family-friendly classes, services, and referrals. Here are a few of the services offered:

- NYC Mommies Club happens every Tuesday at 10 am. Moms can meet other moms, have lactation support, and enjoy weekly activities on topics including maternal mental health support, mindfulness, movement, community building, self-care techniques, nutrition, art projects, baby clothing swaps, and connection to resources. Register at bit.ly/HarlemBabyCafe.
- Maternal Yoga classes occur every Wednesday at 10 am. This class is for pregnant and new mothers, who attend the classes with their infants. The classes include stretching, strengthening, and breathing. Participants will learn physical techniques to help rebuild core strength, tone back and pelvic floor muscles, while adding mindfulness techniques to manage and reduce stress. Babies get their very first taste of yoga with songs and gentle movement. Register at bit.ly/ MaternalYogaHarlem.
- Caregiver Hour: Baby Social Time occurs on Wednesdays after yoga at 11 am. Activities include family workshops, story time for babies and toddlers, wellness discussions, and maternal talks. Registration is encouraged at bit.ly/ CaregiverHourHarlem.

Bronx Bureau of Neighborhood Health

The <u>Tremont Neighborhood Health Action Center</u> provides health and wellness services in the Bronx including:

- **Insurance Enrollment Counselors** who can assist with enrolling in and renewing health insurance.
- Crib and Car Seat Distribution, in which families can request a car seat or safe sleep surface for their infant.

To learn more about these and other services, visit the **Bronx Health Services page**.

Recent Publications

Bridging Public Health and Health Care

- Close M, Caton J, Suss R, Norman C. <u>Mental Health Outcomes Among LGBTQ+ Adults in New York</u> <u>City</u>. NYC Health Department: Epi Data Brief. 2025:(145).
- Miller M, Weiss BG, Sakas ZM, Parrella KE, Islam F, Watkins JL; COVID-19 Equity Program Team. <u>Community Health Worker Influence on COVID-19 Vaccine Uptake in New York City, 2021-2022.</u> Am J Public Health. 2025;115(6):910-919.
- NYC Department of Transportation, NYC Department of City Planning, NYC Health Department, New York State Department of Transportation. <u>Reimagine the Cross Bronx: Connected, Safe, Healthy</u> <u>Communities. March 2025.</u>
- NYC Health Department. <u>2025 Health Advisory #13: Tick-borne Diseases in New York City. June 6,</u> <u>2025.</u>
- NYC Health Department. <u>2025 Health Advisory #12 Poisoning by Medetomidine and Bromazolam in</u> <u>Suspected Opioid Overdose</u>. June 4, 2025.
- NYC Health Department. Jurisdictional Risk Assessment 2024. June 3, 2025.
- NYC Health Department. <u>2025 Health Advisory #11: Reduce Health Impacts Caused by Air Quality</u> <u>Events During Wildfire Season.</u> May 27, 2025.
- NYC Health Department. <u>2025 Health Advisory #9: Help Prevent Heat-Related Illness and Death.</u> April 14, 2025.
- NYC Health Department. <u>Clinical Guidelines for Adults Exposed to the September 11th Attacks on the</u> <u>World Trade Center.</u> City Health Information. 2025;44(2):19-28.
- NYC Health Department. <u>Providing Comprehensive Care to Women Who Have Sex with Women</u>. City Health Information. 2025;44(1):1-18.
- Suss R, Close M, Caton J, McCarthy B, Norman C. <u>Barriers to Mental Health Treatment Among New</u> <u>York City Adults</u>, 2023. NYC Vital Signs. 2025:22(2);1-4.
- Tseyang T, Jiang Y, Searing H, Stein T, Ahmad A, Moore E. <u>Sleep-related Injury Deaths Among Infants</u> in <u>New York City</u>, 2016-2020. NYC Vital Signs. 2025:22(1);1-4.

Advancing Anti-Racism in Public Health Practice and Policy

- Alexander M, Hadler M, Hinterland K, et al; NYC Health Department. <u>The Health of Immigrants in New</u> <u>York City.</u> March 2025:1-84.
- Olson D, Zhilkova A, Jiang Q, et al. <u>Diabetes and Health Inequities Among New York City Adults.</u> NYC Health Department: Epi Data Brief. 2025:(146).
- Pierre J, Valdez J, Marshall-Taylor S, Dorvil S, Howell FM. <u>Fostering Community Support for</u> <u>Breastfeeding: Implementation of a Neighborhood Level Breastfeeding Initiative in Brooklyn, New York.</u> J Community Health. 2025.

Building Institutional Accountability

• Maru D, Schwartz RE, Fordjuoh J, et al. <u>Mitigating Medical Debt as a Public Health Equity Issue:</u> <u>Challenges and Opportunities in New York City.</u> *Am J Public Health.* 2025;115(5):668-672.

For more updates, follow @nychealthy and @nychealthcmo on Twitter.