

Testimony
of
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before the
New York City Council
Committee on Health jointly with the Committee on Women and Gender Equity
on
Disparities in Women's Health

Good morning, Chair Schulman, Chair Louis and members of the Committees. My name is Dr. Michelle Morse and I am the Chief Medical Officer (CMO) and Deputy Commissioner of the Center for Health Equity and Community Wellness (CHECW) for the Department of Health and Mental Hygiene (the NYC Health Department). On behalf of Commissioner Vasan thank you for inviting me here today to speak about inequities in women's health in New York City. While disparities and inequities are often used interchangeably, throughout my testimony, I will be using inequities rather than disparities to highlight the reality that the gap we see in many health outcomes today are the result of, avoidable, unfair systemic policies and practices in our society that can be changed.

The Health Department addresses health and social inequity across New York City in partnership with community, faith-based, and health care organizations. The Department's work focuses on social determinants of health such as housing and economic status, as well as environmental and commercial determinants, and addresses both upstream and downstream factors to improve the health and well-being of New Yorkers. The 2021 NYC Board of Health's Resolution Declaring Racism a Public Health Crisis highlights the long history of structural racism impacting services and care across all institutions. Structural racism is a system that excludes, marginalizes, and harms Black, indigenous, and people of color (BIPOC) across New York City through discriminatory housing, employment, education, healthcare, criminal legal, and other systems, all of which result in avoidable and unjust health outcomes for chronic disease and many other illnesses. The NYC Health Department works to eliminate racial inequities in health outcomes and reduce premature mortality, which is defined as death before the age of 65 years.

I understand the committees have expressed interest in addressing the leading causes of death nationwide for women noted by the Centers for Disease Control including heart disease, cancer, stroke, chronic lower respiratory disease, and Alzheimer's disease. I will be addressing these topics as well as the impact of diabetes on women and the NYC Health Department's ongoing efforts to address these issues. Of note, in NYC the leading causes of death for women in 2021 were Heart Disease, Cancer, COVID-19, Chronic Lower Respiratory Disease and Alzheimer's.

It's important to note that February is both Black History Month and American Heart Month. These designations help bring awareness to the historical and systemic issues that contribute to the inequities we are discussing today.

The City takes a comprehensive approach to addressing health inequities. The Center for Health Equity and Community Wellness itself was created to ensure a comprehensive and strategic approach to reducing racial inequities in premature death, many of which are driven by chronic diseases. As you know heart disease continues to be a leading cause of death for women, while Breast cancer is one of the leading causes of cancer death for women. Our analysis also shows that among women, rates of hypertension are highest among Black women. A recent Community Health Survey found that 42% of Black women reported being diagnosed with hypertension, compared to 31% of Latina women, 25% Asian/Pacific Islander women, and 23% of white women. These inequities stem from a range of causes including structural racism's impact on access to health resources, wealth, quality of services, and the reality of clinical research being historically conducted with white men with subsequent findings often incorrectly applied to women. In addition, cerebrovascular diseases (including stroke) were the fourth leading cause of death in women.

In our efforts to combat heart disease, stroke, and hypertension, the NYC Health Department has developed innovative programs. For instance, we launched the Take the Pressure Off! (TPO) program in

2016, a hypertension initiative which takes a place-based approach to addressing inequities in high blood pressure. This program recently received a CDC grant to address hypertension in Brownsville, Brooklyn, which is a neighborhood where we have an Action center that is highly impacted by inequities in cardiovascular disease. TPO has taken a comprehensive community-based approach by linking a Federally Qualified Health Center (BMS Family Health and Wellness Center), the Brownsville Community Culinary Center, NYCHA developments, and insurers to collaborate on improving hypertension awareness, management, and connections to care. TPO offers Hypertension 101, a workshop for community groups to promote awareness and understanding of hypertension. Over the past year, we have completed 45 presentations and train-the-trainer events.

In addition to heart disease, we appreciate the Council's focus on cancer affecting women since it is the second leading cause of death for women. In 2021, the rate of death from cancer was about 14% higher among Black New Yorkers compared to the citywide average. Specifically, breast cancer is one of the leading causes of cancer death in women in New York City. In 2021, Black women died from breast cancer at a rate 41% higher than the citywide average.

In our efforts to detect and treat breast cancer, the NYC Health Department contracts with a mobile mammography van program to provide no-cost mammograms and patient navigation within neighborhoods experiencing high rates of breast cancer mortality. The program aims to reduce barriers to care such as access to transportation, insurance status and the ability to pay. From July 2022 to December 2023, the program provided screenings to over 4,800 eligible women.

Notably, colon cancer, while not specific to women, is another area of our focus. The NYC Health Department funds patient navigation services at two health service providers located within neighborhoods with high rates of colorectal cancer mortality. Patient navigation services enable timely screenings by providing education, support, and access to resources to reduce barriers to care for those who are uninsured or underinsured. We are currently working with partners through a committee hosted by the NYC Health Department on how to improve access to colonoscopy for patients without insurance.

I now want to turn your attention to Alzheimer's, also in the CDC's top five causes of death among women. The NYC Health Department has a new program – Building our Largest Dementia Infrastructure – also known as BOLD which seeks to improve the health status and quality of life of NYC residents with Alzheimer's Disease and Related Dementias (ADRD), and of their caregivers. To achieve this goal, this initiative aims to create a diverse and multi-disciplinary NYC BOLD Coalition, which will include a wide range of stake holders who recognize how structural racism and socioeconomic inequities have increased the risk factors for ADRD and worsened outcomes for a large proportion of New York City residents. Some of these risk factors include smoking, hypertension, diabetes and obesity/overweight. In the coming months we look forward to creating a NYC BOLD Plan that is data-driven, addresses social determinants of health, improves system coordination, supports risk factor reduction, and aligns with the CDC's Healthy Brain Initiative Road Map. Through this process we also aim to increase awareness and understanding about the importance of risk reduction, early detection, access to quality care, and supportive services for affected individuals and their families.

On Chronic Lower Respiratory Disorder (CLRD), cases of asthma and related inequities are a significant area of concern. Children are an especially vulnerable population. In 2016, the rate of asthma-related emergency department (ED) visits among children ages 5 to 17 years was more than six times higher in very high poverty NYC neighborhoods compared with low poverty neighborhoods. Since asthma can have

the most harmful effects on children, The NYC Health Department has significant resources to address and improve the inequities, we see affecting children and families across the city. The NYC Health Department's Office of School Health provides various services for children in school, including medicine administration and education. Our East Harlem Neighborhood Health Action Center offers free counseling, education and other support services for children with asthma; our Tremont Neighborhood Health Action Center offers cost-free pest control services for eligible families and our Healthy Neighborhoods Program provides free home assessments for children and adults diagnosed with persistent asthma by a health care provider.

While diabetes is not within the top five causes of death listed by the CDC, it is an important condition to understand as we discuss health inequities within our city. Diabetes prevalence has increased over the past 10 years leading to enormous harms to New Yorkers, including vision loss and blindness, kidney and nerve damage, heart disease, stroke, and lower limb amputation. Our data underscore the disproportionate burden that diabetes and related complications present to communities of color in NYC and communities experiencing high poverty.

A critical tool to achieving reductions in diabetes rates is a long-standing successful evidence-based initiative known as the Diabetes Self-Management Program. As you may know recent federal approval of changes to New York State's Medicaid program would make the Diabetes Self-Management Program reimbursable through Medicaid which would represent great progress if we ensure it is accessible by as many groups as possible. In addition, with the initiative from the Council, Local Law 52 of 2023, to develop and implement a citywide diabetes incidence and impact reduction plan will also be a critical tool to achieving reductions in diabetes rates.

The Health Department leads a number of programs which aim to address the root causes of many chronic conditions and inequitable health outcomes. Working upstream on cross-cutting issues like food and nutrition security, tobacco cessation, health insurance access, and others, allows us to prevent disease and impact many of the top five causes of death together. On food and nutrition security our Groceries to Go program provides eligible New Yorkers with up to \$270 per month in credits to buy groceries. Health Bucks coupons that can be used to purchase fresh fruits and vegetables at all New York City farmers markets. Our Shop Healthy Initiative combats predatory advertising and commercial practices that aggressively promote unhealthy food products which are often targeted towards communities of color. This program increases the availability of healthier foods through counter marketing strategies and relationship building with food retailers, distributors and community members. We are also changing the food environment to be healthier through New York City Food Standards which are evidence-based nutrition criteria for all foods and beverages employers serve and were developed to help lower the risk of obesity, diabetes and cardiovascular disease by setting guidelines for any city government facility where food is served. We also implement tobacco control initiatives because smoking is still a leading contributor to death in NYC. Statewide, tobacco is estimated to kill 22,000 people each year. These deaths contribute to inequities in premature mortality. Finally, we offer health insurance enrollment and access through our Office of Health Insurance Services. Individuals with health insurance get access to more preventive care and are able to better manage chronic diseases.

Given this hearing's focus on inequities in Women's health and the NYC Health Department's work to address these harms, it is also critical that we address birth inequities and prioritize Black women and birthing people. Even when controlling for socioeconomic and educational status, Black women and birthing people are still more likely to suffer from severe morbidity and mortality. These inequities are rooted in racism and structural inequity. Contributing factors include decreased access to care; residential segregation; and stressors from experiences of racism.

Our Family Wellness Suites are integral to disrupting these systemic inequities and are part of the City's plan to prioritize maternal and infant health.

Family Wellness Suites (in Tremont, East Harlem, and Brownsville) are physical spaces for families to receive services, health education, and linkages to community resources. They provide birthing people and their families a safe, welcoming, and supportive space to participate in a range of parenting and birthing classes, breastfeeding support, connect to community resources and receive critical supplies like car seats and pack n' plays. These sites are staffed by community health workers, doulas, lactation counselors, social workers, and other public health professionals. In FY23, the FWS served over 1,500 families across the 3 sites and they distributed over 1,500 cribs and car seats and 43,000 emergency diapers.

Finally, I would like to highlight the importance of taking a place-based and race conscious approach to chronic disease. This approach will serve and greatly benefit women in New York. The Department's Public Health Corps program is an ecosystem of community health workers (CHWs) and community-based organizations supported by the NYC Health Department to center communities with the most unfair burden of disease, be it COVID or chronic disease. As the public health emergency ended, we shifted the program to integrate chronic disease as a focus because of the extensive partnership, trust, and network we have built over the past 3 years. CHWs now screen community members for social needs and chronic disease and make connections to health and social care. One CHW shared this about the impact of their work: "This work allows us to build trust with community members who previously had little to no exposure to (our organization) This will allow us, we hope, to have a relationship where the community trusts us as credible messengers for future health initiatives." This is a powerful insight that speaks to the importance of CHW's role in building bonds to create more healthy and equitable communities.

I would like to close my remarks by highlighting the need for a comprehensive approach to addressing these key drivers of premature mortality. In November 2023, the City launched HealthyNYC a citywide campaign for healthier, longer lives. This effort will require public and private sectors working together to reach our goals. I want to thank the Council—in particular, Chair Schulman, for unanimously passing legislation last week that will require the Health Department to have – and update every 5 years – a population health agenda. This will ensure that our focus and goals around creating a healthier New York City outlive any one Administration. Further, the Adams Administration recently launched "[Women Forward NYC: An Action Plan for Gender Equity](#)," an investment aimed at making New York City a national leader on gender equity, including for transgender and gender expansive New Yorkers, with the ambitious goal of becoming the most women-forward city in the United States. Supported through city dollars, private and public partnerships, academic institutions, and federal grant funding, this "living action plan" is a framework for all of the Administration's efforts addressing gender disparities going forward and by taking immediate action to connect women to professional development and higher-paying jobs; dismantle barriers to sexual, reproductive, and chronic health care; reduce gender-based violence against women; and provide holistic housing services, including for formerly incarcerated women and domestic and gender-based violence survivors. The Health Department worked with our colleagues in City Hall on the development of this plan. New Yorkers can now visit the re-launched [women.nyc](https://www.women.nyc), a one-stop shop website, to learn more about the action plan and access city services to support women and families.

Thank you for inviting me to discuss this important topic. I am happy to answer your questions.