NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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Testimony

of

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before the

New York City Council Committee on Health

on

Int. 628-2025, Int. 629-2025, Int. 804-2024, Int. 1001-2024, In.1043-2024, Int. 1056-2024, Int. 1146-024, and Int. 1284-205

June 26, 2025
City Hall
New York, NY

Good morning, Chair Schulman, and members of the Committee. I am Dr. Zahirah McNatt, Deputy Commissioner for the Center for Health Equity and Community Wellness and Chief Equity Officer at the New York City Department of Health and Mental Hygiene (the Health Department). Thank you for the opportunity to provide testimony today on several bills including Int. 628-2025, Int. 629-2025, Int. 804-2024, Int. 1001-2024, Int.1043-2024, Int. 1056-2024, Int. 1146-024, and Int. 1284-205. First, I want to provide an overview of our maternal health programming.

Maternal Health has been and remains a key priority of the Health Department. This is a critical issue since we know that New York City mirrors the U.S. in its racial inequities in infant death, maternal death, and in life-threatening complications related to childbirth. In the fall of 2024, the National Center for Health Statistics published its 2023 Maternal Mortality data, which show that racial inequities have worsened since the COVID-19 pandemic. In 2021 and 2022, the U.S. maternal death rate for Black non-Hispanic women was about 2.6 times that of White non-Hispanic women, but in 2023, it rose to nearly 3.5 times higher. Although maternal mortality in NYC has declined since 2001, Black birthing people of all economic levels in NYC die in pregnancy and in postpartum at significantly higher rates than their white counterparts. These racial inequities are unjust especially because, for Black birthing people, 75% of these deaths are preventable and many happen after discharge from a hospital. We are committed to seeing change and this is reflected in our HealthyNYC goals, the city's campaign for healthier, longer lives. We aim to reduce the rate of pregnancy-associated death among Black non-Hispanic birthing people by 10% by 2030.

The Department leads a range of programming to reduce inequities in outcomes and inequitable access to health care and social services.

A few key programs which are critical to achieving these goals include:

The **New Family Home Visits Initiative (NFVI),** which provides citywide access to high quality home visiting services for new families with a focus on maternal mental health, chronic disease and early childhood development. The Initiative prioritizes first-time families in Taskforce on Racial Equity and Inclusion (TRIE) neighborhoods, those who live in NYCHA in these neighborhoods, and those who are engaged with the Administration for Children's Services (ACS), or living in a Department of Homeless Services (DHS) shelter.

NFHV home visiting programs include the **Nurse-Family Partnership**, which is an evidence-based home visiting program that connects first-time expectant parents with trained nurses to promote healthy pregnancy outcomes, child development, and economic self-sufficiency and independence. We also have the **Newborn Home Visiting Program,** which was significantly expanded over the last few years. Newborn Home Visiting provides educational home visits conducted by community health workers to address health needs, safe homes, and safe sleep support, and connects families to social services that are essential to the well-being of parents, children, and families. Home visitors are part of a multi-disciplinary approach supported by nurses, lactation consultants, and social workers, as well as referrals to ongoing external clinical services.

Additionally, with the support of City Council, our Citywide Doula Initiative provides 1) doula support during pregnancy, childbirth, and postpartum for families in TRIE neighborhoods, a DHS shelter, or within the foster care system 2) workforce development training of community members to become doulas and 3) support for hospitals in becoming more doula-friendly. These are a few initiatives among many which are critical to our work.

The Health Department also addresses overdose risks among pregnant and postpartum individuals through a number of program and partnerships. This includes the creation of educational materials, guidance for providers, and improving systems of care to better integrate mental health and substance use care for new parents.

Last year, we circulated a Health Advisory Network letter to providers addressing overdose as the leading cause of pregnancy-associated death in NYC, and how they can support pregnant and post-partum patients and their newborns.

Turning to the legislation, **Introduction 1146** relates to mandating a timeline for expanding the availability of the newborn home visiting program to all TRIE neighborhoods. The program currently covers more than 75% of TRIE neighborhoods and our ultimate goal is to expand to all as soon as possible. A legislated mandate will not change our ability to expand in an evidence-based and effective manner. It is central to the effectiveness of this program to have nurses and health care workers from the communities they serve. We are facing significant workforce challenges in our efforts to reach the remaining neighborhoods, including the need for staff that speak Mandarin and/or Cantonese. We must ensure that we have enough staff with the right skills to respectfully and effectively provide care for these communities – a process which inherently takes time given the limited pool of applicants with the full set of necessary skills. We are working as quickly as we can to staff up by filling our existing vacancies given these challenges We are working to address these challenges in our long-term efforts to reach full coverage at a pace that ensures effective and respectful care for marginalized communities.

Introduction 1001 relates to creating an automated text messaging system to provide participants with important reminders regarding children's health and development. We support the intent of this legislation, however; we have concerns about providing health and developmental milestone information in this manner.
Developmental health information should come from the child's medical home (their pediatrician). Pediatricians are among the most trusted messengers for children's health for their parents and have the necessary medical history needed to alert parents about their child's tailored health needs. Pediatricians know the appropriate schedule of vaccinations and developmental milestones for a particular child and communicate that information through regular contact with the parents and child. The only information we could provide would be general guidance, which we do not recommend delivering in this manner.

Every child is unique and has different medical recommendations. It may cause unintended stress to parents whose child may be developing more slowly than other children. Children do not develop at the same pace and such text messaging may cause parents to think their children's health is at risk. It may also erode a family's relationship with their pediatrician.

Additionally, our maternal health experts and network of community providers expressed concern that such a program could further erode trust in government among marginalized communities.

The Health Department provides programs to assist families in health insurance enrollment to ensure all children have access to a pediatrician.

We support the intent to better reach families with young children with information about utilizing city resources.

The Health Department is not the best fit for coordinating across numerous city agencies on non-public health programs and topics.

We look forward to partnering with the Council and fellow city agency partners to better promote information on city services for children and families. We appreciate Council Member Gutierrez and Council staff for our conversations about this bill and look forward to continued engagement.

Introduction 1284 relates to an education campaign for healthcare providers about opioid use disorder during and after pregnancy, and the provision of naloxone at the agency neighborhood health service centers. We support the intent and appreciate recognizing the need to address overdose risk among pregnant and post-partum people. This is a complex and multi-layered issue that is a priority for the agency. This bill is redundant of existing efforts – naloxone training and distribution is already available in our Neighborhood Health Action Centers. The Health Department is working with the State and birthing hospitals to update guidance and create alternative pathways to support families outside of the child welfare system. We look forward to continued conversations with Council.

Now I'd like to transition to the Department's support for the health of transgender, gender nonconforming, and non-binary New Yorkers. The Health Department affirms that every person, regardless of gender identity or expression, deserves respectful, competent, and affirming health care. Yet, transgender and gender non-conforming (TGNC) New Yorkers continue to face systemic discrimination in health settings, resulting in serious health inequities and mistrust of the health system.

The mission of the Health Department is to protect and promote the health of all New Yorkers, including people who identify as transgender and gender non-conforming. We aim to address and eliminate the health inequities rooted in historical and contemporary systemic injustices and everyday discrimination. Essential to this work are the Department's policy & protections, community engagement, and resources that seek to improve the health and health care of LGBQ and transgender and gender nonconforming (TGNC) New Yorkers. In 2014, we paved the way for transgender New Yorkers to be recognized under the law by easing the requirements for obtaining a gender marker change on a New York City birth certificate. All people should have birth certificates that reflect their true gender identity, and these documents can be critical to accessing healthcare, employment and other important services.

Regarding the department's health care services, our clinics offer sexual health, TB and immunization services. Many LGBQ and TGNC individuals frequent our Sexual Health Clinics, which offer low- to no-cost services for STI testing and treatment, expanded HIV services—including emergency PEP, PrEP initiation and counseling, and HIV treatment initiation for people diagnosed with HIV who would like to start treatment for the first time—as well as vaccinations, contraception, and more. In addition, these clinics offer overdose prevention and syringe availability services, and patient navigators and social workers assist patients in enrolling in social service programs such as substance use treatment and counseling.

Our work to improve TGNC health goes beyond our clinic doors and includes innovative programs. In 2017, New York City became the first city to issue an LGBTQ Health Care Bill of Rights, harnessing existing protections in local, state and federal laws to empower LGBTQ New Yorkers to exercise their rights in health care settings. This document, available on our website and at health centers across the city, reinforces that providers and their support staff cannot legally provide LGBTQ people with a lower quality of care because of their sexual orientation, gender identity or gender expression, and tells people where to get help if their rights are violated. In New York City, we protect and support TGNC communities, and we strongly oppose any policies that discriminate against anyone based on gender identity and expression.

Turning to the legislation, **Int. 628-2024** which focuses on signage of transgender rights and services in hospitals. The Department supports the intent of this legislation to provide a safe and welcoming clinical environment for all New Yorkers including transgender patients.

Given the scope of services available to patients by many providers and the frequency with which the services change, it would be challenging to maintain an updated list of the difference services all NYC hospitals provide for their TGNC patients. Additionally, hospitals are regulated by the New York State Department of Health. Therefore, the NYC Health Department can not require hospitals to post signage.

Regarding **Int. 629-2024**, requiring the Department to report on training for medical care for transgender and gender non-conforming persons.

DOHMH supports the intent of this legislation. However, we do not oversee medical training in the City and we cannot compel hospitals to provide information about their training.

Additionally, this report would not advance the delivery of health care to TGNCNB patients nor help to connect TGNCNB patients to trained providers, which is what this population needs.

Lastly, the Department does have a NYC Health Map which lists LGBTQ+ affirming providers for community members seeking counseling, gender affirming care, primary care, and additional services.

Introduction 1056 relates to LGBTQ+ competency training for medical personnel in public schools. New York City Public Schools provides training on LGBTQ+ Support and Inclusion for school staff. This training includes curriculum on gender identity, anti-discrimination policies, inclusion and support policies, and more. School nurses and Office of School Health medical

staff receive this training. We defer to New York City Public Schools regarding any specifics on this training. The Health Department does not have the authority to mandate training for all medical staff in schools. Medical practice is regulated by the State Department of Heath and school staff training is regulated by NYC Public Schools.

The NYC Health Department remains committed to protecting and promoting the health of New Yorkers, including the TGNC population and birthing people and their families. We are happy to discuss the legislation being heard and thank you for the opportunity to be here today to address these important topics. We look forward to answering your questions. I'll now turn it over to my colleague, Deputy Commissioner Corinne Schiff.