



**Testimony**

of

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before the

**New York City Council Committee on Health**

on

**Status of HealthyNYC and Citywide Health Outcomes**

**December 12, 2025**

**250 Broadway  
New York City**

Good morning, Chair Schulman and members of the Committee. I am Dr. Michelle Morse, Acting Health Commissioner and Chief Medical Officer at the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Gretchen Van Wye, Assistant Commissioner of Vital Statistics and Chief Epidemiologist. Thank you all for the opportunity to testify today on HealthyNYC, our campaign for healthier, longer lives.

It feels particularly appropriate to deliver this testimony as we close out 2025, which marked the 220<sup>th</sup> anniversary of the NYC Health Department. When our agency first began calculating life expectancy in the early 1900s, most New Yorkers did not live to see their 50<sup>th</sup> birthday. Our latest data show that New Yorkers can now expect to live into their eighties. That is perhaps the most significant marker of success in human history, and it is thanks to investments and advancements in public health.

When the Board of Health was founded 220 years ago, it consisted of a handful of political appointees charged with responding to a deadly Yellow Fever outbreak. Today, we are the oldest and largest Health Department in the country. We employ more than 7,000 people and serve a city of more than 8.5 million New Yorkers. Every day, we work to protect and promote their health. To do that:

- We distribute more than 2.5 million doses of pediatric vaccines to more than 1,000 different healthcare providers;
- We equip more than 5,000 community health workers to bring tailored health services to New Yorkers at the neighborhood level;
- We inspect more than 30,000 food service locations for food safety;
- We see more than 40,000 patients at our Sexual Health Clinics;
- And we have provided more than 20,000 families with nurse home visiting and doula support since 2021.

These programs and so many others work in concert to serve every New Yorker, regardless of where they live, what language they speak, or what they can afford. In November 2023, we launched HealthyNYC to track our progress toward longer, healthier lives. An important marker for how well, or unwell, a society is, is how long its residents can expect to live.

HealthyNYC was created after New Yorkers' life expectancy dropped by almost five years due to the COVID-19 pandemic. There is no currency more valuable than time, and in turn, there is no greater injustice than to be robbed of that time. In the wake of a historic public health emergency that unfairly stole the futures of so many New Yorkers, we set out to make up for lost time. HealthyNYC is our city's visionary public health agenda to raise the life expectancy of our city to its highest level ever. Every New Yorker deserves more time with those they love.

In an effort to produce data that can get us closer to a real-time picture of the health and longevity of New York City, we released preliminary data from 2024 this fall. These numbers are not yet final. It is possible we might see some minor shifts in the numbers when we finalize them—but today, we have enough of the data to confidently tell the story.

I have very good news. We have met our goal well ahead of schedule. In 2024, New Yorkers' life expectancy rose to 83.2 years. That is the highest life expectancy this city has ever seen. It is a

huge accomplishment.

That said, while we may have met the goal, our work is not done. For one, we owe it to New Yorkers to make sure these numbers continue trending upwards—or at the very least, that they do not backslide in the coming years, despite very concerning public health and health policy decisions coming from the federal government. We are up against significant funding cuts, inaccurate information, and the deliberate undermining of trust in public health institutions.

As the nation's preeminent local health department, we have a responsibility—and an opportunity—to serve as a beacon of light not just for New York, but for the nation. But long before the federal government began dismantling public health, we were facing immensely inequitable health outcomes in New York City. Last year was no different—the increase in citywide life expectancy is not shared equitably or fairly.

While we do not yet have finalized 2024 life expectancy data by race and ethnicity, we know there are longstanding racial inequities. So many of us have become accustomed to hearing that Black people endure the most unfair health outcomes and the lowest life expectancy of any racial group. With its repetition, it can begin to feel as if that is expected, normal, and even acceptable. It is not. That assumption is dangerous, and it does a disservice to us all. In 2023, Black New Yorkers were dying five years younger than white New Yorkers. That is five fewer birthdays and five fewer years to share time with loved ones and friends.

Although 2024 life expectancy data by race and ethnicity is not available yet, I anticipate it will show that there is more work to do. I know, too, that it is in our power to do it. We do not have to accept the data at face value—in fact, we collect it so that we can make informed decisions about what to change and how to change it. When we invest in the needed resources, time, and expertise for public health interventions, big changes can happen.

Our response to the COVID-19 pandemic is evidence of that. The reason we were able to reach our 83-year benchmark ahead of schedule is because our public health response to the pandemic led to a 93% drop in COVID-19 deaths. That did not happen passively. It took a whole-of-government response to the pandemic, citywide social distancing efforts to flatten the curve, targeted investments to reduce racial inequities, and a groundbreaking COVID-19 vaccination campaign, among other historic interventions. There are so many people who sadly and unfairly lost their lives. But our work saved many, many lives, too.

Our public health response completely changed the landscape in a relatively short amount of time. Not only have the overall numbers declined, but the inequities have narrowed dramatically. By investing in public health and by driving resources to intentionally focus on equitable outcomes, we worked to rapidly lower the risk for every New Yorker—regardless of their race or ZIP code.

While the years-long project of bending the curve on COVID-19 accounts for much of the increase in New Yorkers' life expectancy, it is not the only story. There are a few stories I would like to highlight today.

Our latest data show that homicide deaths have dropped by 26.4%. We are nearing our goal of a

30% decrease by 2030. That said, homicide deaths remain highest among Black New Yorkers. There was a steep increase during and after the pandemic, and that number has since decreased significantly. There are several structural factors that contribute to that unjust reality, including long-term neighborhood disinvestment, poverty, and social isolation.

At the Health Department, we partner with Hospital-Based Violence Intervention Programs at participating hospitals. That initiative sends providers, social workers, mental health professionals, and community health workers to support people who are hospitalized with nonfatal assault injuries. These programs have been shown to lower the risk of reinjury and incarceration among people impacted by gun violence. They take a public health approach to violence, and it yields results.

In other hopeful news, overdose deaths have dropped 18.2% percent since 2021. After nearly a decade of increasing overdose deaths, we are finally seeing a meaningful decline—and we are well on our way to our goal of a 25% reduction by 2030. Again, that is not a coincidental decline. During the pandemic, we saw a steep increase in overdose deaths and an exacerbation of racial inequities. The increased isolation imposed by the pandemic and the influx of often-undetected fentanyl in the drug supply have had devastating effects across our city. We are still not at the 2019 rates, but the numbers are coming down from the 2023 peak in overdoses. In 2024, for the first time since 2018, overdose deaths decreased among Black and Latino New Yorkers.

Our team has been working tirelessly to build out harm reduction and recovery programs with proven success. Those efforts include:

- The distribution of more than 300,000 naloxone kits and more than 54,000 fentanyl test strips.
- The expansion of Relay, our nonfatal overdose response program in emergency departments.
- We also serve approximately 22,000 people a year through syringe service programs across the city. That includes services for more than 8,000 participants at the two Overdose Prevention Centers operated by OnPoint in New York City. Those two OPCs made history as the first of their kind in the United States.

The OPCs opened in November of 2021, and I had the honor of visiting them soon after. It remains one of the most memorable experiences of my time at the NYC Health Department. Harm reduction saves lives, and OnPoint is proof. I remember watching someone receive auricular acupuncture, a form of substance use treatment that eases withdrawal symptoms. That practice was pioneered in New York City at the Lincoln Detox Center, an addiction recovery center created by the Black Panthers and the Young Lords at Lincoln Hospital in the Bronx. At the Lincoln Detox Center in the 1970s and at the Overdose Prevention Centers today, the same core principle guides the work: community is healing. Addiction can be an isolating experience, but recovery is communal. We still have a ways to go—especially when it comes to eliminating inequities—but the data show that we are on the right track.

We are making progress on lowering heart and diabetes-related mortality, too. Our latest data show a 3.4% decline compared to 2021. While that might seem like a modest number, it has a meaningful impact for the New Yorkers whose lives are reflected in these data. Heart disease consistently

ranks as a leading cause of death in the five boroughs, and Black New Yorkers are the most impacted.

Addressing chronic disease is among our top priorities at the Health Department—and this year, we published a blueprint for how our city can tackle its root causes. Perhaps most explicitly, the report put forward an anti-poverty agenda for chronic disease by outlining programs that provide New Yorkers with cash assistance, grocery credits, and more. In the richest city in the richest country in the world, more than two million New Yorkers cannot afford to meet their basic needs. That has a devastating impact on health. In New York City’s most impoverished neighborhoods, life expectancy is nearly seven years lower than the wealthiest areas of the city. Poverty is a human invention. This is among its most damning consequences.

From a public health perspective, it underscores just how important it is for us to drive our resources according to need—and to tackle affordability and longevity in tandem. Our Public Health Corps does exactly that. We deploy trained community health workers to meet New Yorkers where they are at and help them prevent and manage chronic disease. In 2024 alone, our community health workers reached over 350,000 community members, provided over 75,000 health education activities, and made over 200,000 referrals to vaccination, healthcare, and social services. That kind of deep community work has proven impact.

In fact, our research projects that scaling our community health worker network to 10,000 workers by 2030 could serve 1.5 million New Yorkers, save nearly \$2 billion in annual health system costs, and save more than 1,000 lives citywide. In the years ahead, I am confident in our ability to keep making progress on chronic disease, and to give New Yorkers more time with the people they love.

I will now turn to the legislation affiliated with this hearing. Introduction 1465 would require food service establishments to display a red and white equilateral triangle icon on menus and menu boards or on a tag next to any food item that contains or exceeds 1,800 milligrams of sodium.

The Health Department appreciates the Council’s intention to strengthen the city’s current sodium regulations to improve the health of New Yorkers. While reducing sodium intake remains a top public health priority, there is not sufficient data that supports the impact of a warning icon for a lower sodium limit on consumer choice. We remain committed to evidence-based strategies that meaningfully support healthier choices for New Yorkers.

Introduction 1303 would require the Health Department to conduct a public education and outreach campaign on fertility treatment, the New York State Insurance Law’s requirements for insurance coverage of fertility treatment, and Medicaid coverage of fertility treatment in New York. Fertility treatment is a highly specialized clinical service, and detailed guidance on insurance benefits, eligibility, and coverage determinations is most accurately provided by healthcare providers, insurers, and the state agencies that regulate insurance and administer Medicaid. The Health Department is best positioned to address broad sexual and reproductive health education and services.

Introduction 1399 would require the Health Department to make blood glucose test strips available

at no cost to the public in five high-need areas. We support the Council's intention to provide New Yorkers with medical devices to help manage their diabetes. It is important that glucose monitoring supplies and durable medical devices be provided through routine primary care, so that patients are educated about managing their diabetes and receive guidance on how to operate the device. This type of ongoing healthcare support is best managed by the healthcare system. We look forward to discussing these bills with Council and working collaboratively to improve health outcomes for New Yorkers.

Behind all the data I shared with you today, there are people—New Yorkers who died unfairly before their time, and New Yorkers we are still fighting for. Everyone deserves a fair and equitable chance at building the future they want and deserve—for themselves, their family, and their community. Health is the prerequisite. The data today show us that we are making progress—but we are working from an inequitable baseline. Our work is not just about adding years to our lives. It is about changing that baseline, so that all of us in this room, and every New Yorker, get the time that we deserve.

To quote former Health Commissioner Dr. Mary Bassett, “the pursuit of equity is the pursuit of excellence.” The next frontier in our HealthyNYC goal is about racial equity. I look forward to discussing that strategy in depth with the next mayoral administration.

Thank you. I am happy to answer any questions.