Women's Health Summit Report



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Women's Health **Summit Report**

Women's Health Summit Report

In March 2023, the Adams administration held the first ever Women's Health Summit hosted by CUNY's Hunter College, convening more than 100 experts across government, non-profit, academia, business, technology, and philanthropy to shape New York City's first Women and Girls' Health Agenda. The Summit followed a citywide address New York City Mayor Eric Adams delivered in January 2023, where he, Deputy Mayor for Health and Human Services Anne Williams-Isom, and others – both inside and outside the administration – outlined their vision for an agenda that aims to dismantle decades of systemic inequities that have negatively impacted the health of women and girls across the five boroughs and, instead, make New York City a model city to support women's health at all stages of life.

The Summit was an opportunity to share information for a common understanding of top issues in women and girls' health, and spark conversation to drive actions across the different represented sectors. The Summit was centered on data, equity, inclusion, and intersectionality, centering the voices and experiences of women and girls. The administration further collected feedback by conducting additional focus groups to include as many voices as possible, including members of the LGBTQ+ community in New York City.

This summary of the Summit and focus groups includes a set of cross-sector calls to action leaders can address in their respective fields to promote women and girls' health and steps the city will take to make New York City the national municipal model. New York City government cannot fully address the challenges impacting women and girls' health on its own. Advancing the health of New York City women and girls will require collaboration, support, and resources from partners at the federal, state, and local levels, and the public and private sectors.



Cross-cutting Themes to Improve Women and Girls' Health

Summit attendees worked in groups and generated recommendations to improve women and girls' health related to birth equity, chronic disease, sexual and reproductive health, and mental health.

The below highlights some of the critical cross-cutting themes that emerged at the Summit:

In the Short Term:

- Promote gender, racial/ethnic equity, and cultural humility in healthcare services through public health educational campaigns
- Promote continuity of care across a woman's life course by expanding access to primary care and specialty care services from adolescence through the post-menopausal years
- Make workplaces more women's health-friendly
- Develop, train and recruit diverse healthcare providers, physicians, and community health workers to reflect the city's population
- Develop culturally responsive education and anti-bias training for healthcare providers
- Provide outreach and education on women's health across their life course, including information about health conditions, how to advocate for your health, how to access health care and related support services
- Build cross-sector public and private collaboration to promote all aspects of women's health – including technology, business, health care, community, nonprofit, government, academia and other sectors

In the Long Term:

- Expand health benefits and reimbursement for women's health services to cover a broader array of services including mental health care, physical therapy (such as pelvic floor therapy) and other supplemental outpatient services
- Improve gender and racial/ethnic equity in health research by increasing participation of women in research, increase the number and breadth of research initiatives that focus on women, and expand research on health issues affecting all New Yorkers who identify as women
- Leverage and invest in research on women's health to identify and ultimately reduce racial, ethnic, economic disparities and inequities
- Invest in prevention and address the negative social determinants of women's health
 - Increase access to affordable housing, child care, older adult care, paid family leave, healthy foods, open space, safe homes and neighborhoods, and environments free of harmful toxins

Health Summit Areas of Focus

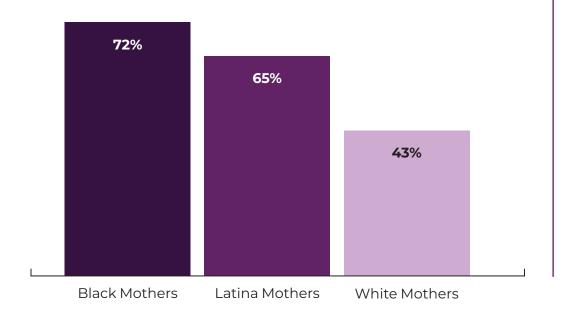
In preparation for the Summit, the city used data to identify the biggest drivers of preventable illness and death for women and girls and areas of the most concerning racial and ethnic inequities. Ultimately, data indicated four key topic areas that demand action to make New York City the healthiest city for women. These are also areas of critical importance across the country.

The following pages lay out the data that informed the identification of each of the Summit's areas of focus, and the cross-sector opportunities identified by Summit participants for further collaboration and support.

1. BIRTH EQUITY

Per the Center for Disease Control (CDC), pregnancy-associated death refers to a death during or within one year of pregnancy, regardless of cause. Black women in New York City are 4 times more likely to die from a pregnancy-associated death than White women. 60% of pregnancy-associated deaths in NYC in 2016-2018 were preventable. A death is considered preventable if the Maternal Mortality Review Committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, provider, facility, system and/or community factors. Between 2016 and 2018, 72% of pregnancy-associated deaths among Black mothers in NYC were preventable, 43% for White mothers, and 65% for Latina mothers. (NYC Department of Health and Mental Hygiene, retrieved March 2023)

Preventable Pregnancy-Associated Deaths in NYC (2016 – 2018)



Pregnancy-Associated Deaths in NYC

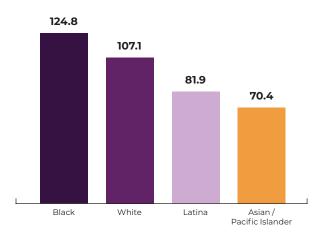
60% of pregnancy-associated deaths in NYC in 2016-2018 were preventable.

- Expand access and awareness to quality maternal health care, including promoting and expanding access to midwives, doulas, community health workers and lactation consultants to reduce Black maternal mortality and reduce mortality overall
 - Assess and expand the availability of midwifery care in birthing facilities throughout the five boroughs
 - Provide affordable/equitable access to doulas for birthing families in neighborhoods with the greatest social and health needs
 - Develop and implement staff trainings at hospitals to enhance clinical practice by shifting culture to support safe and respectful care, anti-racist systems and promote patient advocacy and empowerment
- Coordinate continuity of care for mothers and infants
 - Provide coordinated health care to both mothers and infants during prenatal and postpartum periods

2. CHRONIC DISEASE

Cancer Mortality Rate (2015-2019)

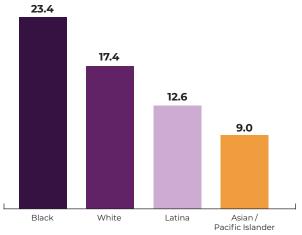
The average annual cancer mortality rate among women during 2015-19 was 101.3 per 100,000.



(NYC DOHMH Vital Stats - 2015-2019)

Breast Cancer Mortality Rate (2015-2019)

The average annual breast cancer mortality rate among women during 2015-19 was 16.8 per 100,000.



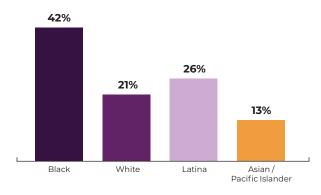
(NYC DOHMH Vital Stats - 2015-2019)

Hypertension

Heart disease is a leading cause of death amongst NYC women.

In 2022, among adult women in NYC, the prevalence of hypertension was **28%.**

(2022 Community Health Survey)



(NYC DOHMH Heart Follow Up Study, 2018)

Mammogram Rates

In 2019, **73%** of NYC women ages 40 to 74 reported having had a mammogram within the past two years. Black women (**78%**) were more likely to report having a mammogram compared with White women (**69%**).

(NYC Health Department and Mental Hygiene 2019 Community Health Survey)

HPV Vaccination Rates

43% of 13-year-olds in NYC have completed the HPV vaccination series by their thirteenth birthday.

(NYC Department of Health and Mental Hygiene, 2023 New York City Mayor's Management Report)

- Increase awareness and expand access to health screenings for early detection and management of chronic diseases such as hypertension, diabetes, and breast cancer
- Establish innovation funds to demonstrate value of prevention interventions, working with insurance companies for sustainability
- Promote lifestyle medicine to prevent and manage chronic diseases

3. SEXUAL AND REPRODUCTIVE HEALTH

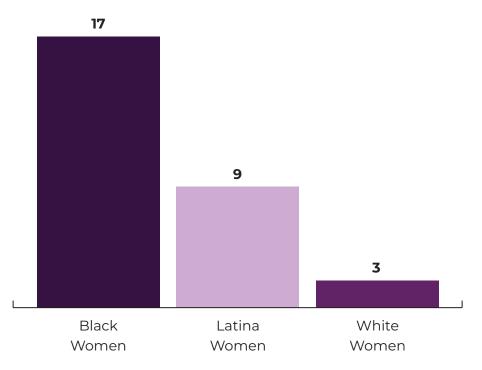
HIV/AIDS Death Rate

In 2022, the age-adjusted death rate in NYC among people with HIV/AIDS was slightly higher in women (8.4 per 1,000 people with HIV/AIDS) than in men (7.3 per 1,000 people with HIV/AIDS).

(New York City DOHMH: Published December 2023 HIV in NYC: Statistics and Reports - NYC Health)

HIV Diagnosis Rate per 100,000 in 2022

In 2022, the HIV diagnosis rate among Black women in NYC was 1.9 to 17 times higher than the rates among women from other race or ethnicity groups.



(HIV Surveillance Annual Report, 2022. New York City DOHMH: New York, NY. December 2023.)

97%

In 2022, 97% of NYC women age 45 years or younger who needed contraception or abortion services in the last 12 months were able to access it.

(NYC Health Department and Mental Hygiene 2022 Community Health Survey)

- Increase access to high-quality sexual and reproductive health information
- Provide training to educators to ensure they are equipped to provide evidence-based, culturally responsive, inclusive and appropriate sexual health education to students
- Implement recommendations from the Sexual Health Education
 Task Force and continue to support its efforts to educate youth
 and create a culture of sexual wellness and inclusivity
 - Expand access to sexual and reproductive health services provided at schools, including dispensing of contraceptives.
- Support capacity building for women's health care providers to strengthen their ability to deliver comprehensive HIV and sexual and reproductive health care
- Provide organizational support and capacity building to womenled and/or women-serving grassroots organizations focused on women's HIV and sexual and reproductive health issues

4. MENTAL HEALTH

Overdose Deaths

In 2022, **one in five** overdose deaths in NYC occurred among women.

The rate of overdose death among women has increased in recent years. The rate of overdose deaths among NYC women doubled from **9** per 100,000 in 2019 to **18.2** per 100,000 in 2022.

(Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2022 Epi Data Brief (EDB)

Postpartum Depression

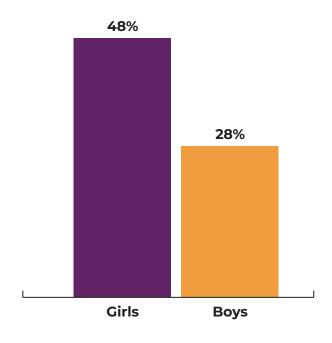
In 2020, **10%** of NYC women who recently gave birth reported postpartum depression symptoms, while **6%** of NYC women felt they needed postpartum mental health care but didn't get it.

(Data from 2020 Pregnancy Risk Assessment Monitoring System. NYC Department of Health and Mental Hygiene; 2020. Accessed March 2023)

Feelings of Sadness and Hopelessness

In 2021, **48%** of NYC public high school girls reported feeling sad or hopeless in the past two weeks compared with **28%** of boys. Among high school girls, there was no difference in the proportion of those who felt sad or hopeless by race/ethnicity.

(2021 Youth Risk Behavior Survey. NYC Department of Health and Mental Hygiene; 2021. Accessed March 2023)



- Expand and develop the workforce including community health workers who are responsive to the behavioral health needs of women and girls in their communities
- Expand access to mental health services for girls and women, especially during puberty, prenatal and postpartum care, and menopause

The City of New York's Commitment to Improving Women's and Girls' Health

As a next step from the Summit, the City developed goals to further address the health disparities faced by women and girls. These goals target areas where we see greatest disparities between men and women, as well as racial inequities amongst women. By holding ourselves accountable to the goals detailed below and continuing to partner with sectors in and outside of government, we will improve the overall health and well-being of New Yorkers.

NYC Goals:

 REDUCE PREGNANCY-ASSOCIATED MORTALITY AMONG BLACK WOMEN BY 10% BY 2030

Examples of Current City Initiatives:

- New Family Home Visiting
- Nurse Family Partnership
- Maternal Health Quality
 Improvement Network
- Maternal Mortality Review Committee
- Obstetric Simulation Training
- Citywide Doula Initiative
- Family Wellness Suites
- REDUCE BREAST CANCER MORTALITY BY 10% BY 2030, WITH A FOCUS ON REDUCTIONS AMONG BLACK WOMEN

Examples of Current City Initiatives:

- Breast Health Screening
- INCREASE PERCENTAGE OF 13-YEAR-OLDS WITH COMPLETED HPV SERIES BY 40% BY 2030.

Examples of Current City Initiatives:

- HPV Vaccine Action Toolkit
- School Based Health Centers

 REDUCE ANNUAL HIV DIAGNOSIS RATES FOR BLACK AND LATINA WOMEN BY AT LEAST 50% BY 2030.

Examples of Current City Initiatives:

- The Sexual Health EducationTaskforce
- Sexual Health Clinics
- The NYC PEP Hotline
- NYC Teens Connection
- REDUCE THE PERCENTAGE OF PUBLIC HIGH SCHOOL GIRLS WHO REPORT FEELING SAD OR HOPELESS BY 10% BY 2030

Examples of Current City Initiatives:

- <u>Care, Community, Action: A Mental</u>
 <u>Health Plan for New York City</u>
- NYC Teenspace
- Community-based suicide prevention programming to specifically serve
 Black and Brown youth
- School Based Mental Health Centers



Conclusion

This report lays out key recommendations from the Women's Health Summit to protect and promote the health and well-being of women and girls. We set ambitious goals to strive for and to track our progress and recognize that achieving these ambitious goals cannot be done by City government alone. As the power and creativity of the discussions at the Women's Health Summit demonstrated, improving the health of New York City women and girls will require collaboration across sectors and industries. We look forward to continuing to build on these partnerships to make New York the healthiest city for women and girls.