The Bridge (Issue 8)

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Welcome

Welcome to the eighth issue of ***The Bridge!*** We hope this newsletter keeps you updated, informed, and connected with the NYC Health Department. Your input and collaboration are vital to our mission of protecting and promoting the health of all New Yorkers. We would love to hear from you — please share your thoughts and feedback on what else you would like to see in this newsletter, or inquire about how to connect with the Health Department by emailing us at chiefmedicalofficer@health.nyc.gov.

Thank you for your partnership and commitment to a more just and equitable New York City!

CMO Strategic Plan Updates

Read below to learn more about each domain of the CMO Strategic Plan.

Domain I: Bridging Public Health and Health Care

The Coalition to End Racism in Clinical Algorithms (CERCA), spearheaded by the Office of the CMO led by Dr. Michelle Morse, launched its next iteration on May 10, 2024. CERCA is committed to expanding its initiative to include ending race-based prescribing of antihypertensive medications, evolving its antiracism efforts beyond de-implementation of the misuse of race/ethnicity in clinical algorithms, and transforming the healthcare system to build and sustain a racially just and equitable future for New Yorkers. The CMO team is excited to continue the partnerships we have created as we welcome new partners committed to this work.

The keynote speaker was Dr. Lundy Braun , whose work centers on understanding and dismantling racial hierarchies within science, medicine, and public health. Our guests included coalition members from healthcare systems, community-based organizations, and grant founders. We discussed the downstream impacts of de-implementation of race correction in pulmonary function tests (PFTs), estimated glomerular filtration rate (eGFR), and vaginal birth after cesarean section (VBAC), and began our new subcommittee that will focus on drug therapy in hypertension. See the newly updated CERCA webpage for all information.

Domain II: Advancing the NYC Health Department's Commitment to Anti-Racism in Public Health Practice and Policy

Food insecurity still affects more than 1 in 5 East Harlem residents. In 2018, the Harlem Bureau of Neighborhood Health conducted a qualitative study that found foreign-born Spanish speakers were the most vulnerable to severe food insecurity, defined as missed meals, reduced food intake, and at the most extreme, going day(s) without food. This status is in part due to their lack of access to the Supplemental Nutrition Assistance Program (SNAP).

In response to the study's findings, the East Harlem Food Voucher Program was created in partnership with Meals for Good , a local non-profit aimed at reducing food insecurity. The program, which provides biweekly grocery store vouchers to East Harlem residents, was piloted in early 2023 over an 8-week period. The preliminary participant group was largely Spanish-speaking women, whose average age was 44 years and had lived in East Harlem for an average of 18.2 years. The pilot study found a statistically significant improvement in household food security score: 62% of participants moved from "low/very low food security" to "high food security." In addition, 88% of the participants reported less financial stress, and the number of participants who self-reported their general health as "excellent," "very good," or "good" nearly doubled.

The Harlem Bureau of Neighborhood Health has received additional funding to move the pilot into program phase in early 2024. The goals of the program phase are as follows:

1. Evaluate the impact of the program on food and financial security
2. Develop the program to provide participants with longer-term food resources such as Groceries to Go, SNAP, and NY Common Choice Pantry.

3. Secure sustainable funding
4. Begin efforts to develop local policy through advocacy

The program has enrolled 36 participants in the first cohort with the aim of completing three cohorts by the end of the current funding cycle in August 2024.

Domain III: Advancing the Health Department's Commitment to Anti-racism in Public Health Practice and Policy

Since the Spring of 2022, more than 175,000 immigrants have arrived in NYC; a large majority have come from the southwest border of the United States in pursuit of asylum. Health care providers have played a critical role in addressing the expansive health needs of these newest New Yorkers upon their arrival. It is imperative that as more people seek asylum in the United States, more providers receive the training that is necessary to meet the demands of this patient population.

The NYC Health Department strongly urges clinicians and clinicians-in-training to receive training on and conduct forensic evaluations and join asylum medicine networks to support people seeking asylum. Forensic evaluations are clinician documentation of the physical and psychological harm and consequences that a person seeking asylum has experienced. People who obtain these evaluations are more likely to be granted protection in the United States than those who do not.

The Bureau of Equitable Health Systems is spearheading the NYC Health Department's initiative to share training opportunities and resources with health care providers to meet the increasing demand for this indispensable service. Health care providers can:

- Receive FREE training to conduct evaluations via the Asylum Medicine Training Initiative, an asynchronous, self-paced platform that provides 5 to 7 hours of training.

- Register to join an existing volunteer asylum medicine network.

Agency Updates

Public Health Corps: Health Advocacy Partners Program

The Health Advocacy Partners Program (HAPP) officially launched in January 2024. The program is modeled after the successful Harlem Health Advocacy Partners (HHAP), which utilizes a place-based community health worker (CHW) model to improve neighborhood health in marginalized communities. In collaboration with New York City Housing Authority (NYCHA) developments, 3 community-based organizations (CBOs) will lead the work:

- RiseBoro Community Partnerships serving Marcy Houses in Brooklyn
- Health People serving Butler Houses in the Bronx
- Community Mediation Services serving Queensbridge Houses in Queens

Each CBO will hire and train 10 CHWs and 2 supervisors to implement the program. Beginning April 2024, each CBO will host health and wellness group activities such as educational workshops on chronic diseases, healthy cooking classes, and yoga. CHWs will enroll NYCHA residents in 1:1 health coaching to support their individual health goals and management of chronic diseases such as diabetes, hypertension, and asthma. CHWs will work closely with residents and connect them to healthcare and social services through referrals and resource navigation. Moreover, CHWs will work directly with community members to uplift their voices on issues most important to them through community advocacy. HAPP is part of Public Health Corps, a city-wide initiative that employs trusted community members to serve as frontline public health workers to address health inequities in NYC.

Public Health Detailing Program
The Public Health Detailing Program (PHD) works with primary care providers, dentists, pharmacists, and other clinical professionals to improve patient care relating to key public health challenges. As part of the program, representatives from the NYC Health Department deliver brief, targeted messages to health care providers and staff at their practice sites. During these visits, they distribute Detailing "Action Kits ," which contain clinical tools, provider resources, and patient education materials to promote evidence-based best practices.

Most recently, PHD has been supporting the NYC Health Department's effort to address the ongoing maternal health crisis with a Maternal Health and Chronic Disease Campaign. While the pregnancy-related mortality rate has declined in recent years in NYC, recent reports indicate that Black women were 9 times more likely to die from a pregnancy-related cause and 3 times more likely to experience severe maternal morbidity (SMM) than White women.

To help improve equity and outcomes in maternal health, PHD, in collaboration with the Bureau of Maternal and Infant Reproductive Health, has created the Maternal Health Action Kit to be distributed in primary care and OB/GYN practices. This Action Kit assists health care providers and other members of the clinical and non-clinical care team in helping their patients identify and manage chronic diseases before, during, and after pregnancy; engage in healthy lifestyle behaviors; and advocate for their rights. Included in the kit is information on the NYC Standards for Respectful Care at Birth, which helps patients make informed decisions about their birthing process, materials regarding the warning signs associated with severe maternal morbidity and mortality, and other resources. The Maternal Health and Chronic Disease Campaign has been met with success so far, with positive feedback from providers and staff members regarding campaign relevancy and kit materials. Specific material highlights include the NYC Standards for Respectful Care at Birth brochure and poster, the Warning Signs Palm Card, and the My Healthy Pregnancy Plate Planner.

To view the Action Kit, click here.

Brooklyn Bureau of Neighborhood Health
The Brooklyn Bureau of Neighborhood Health continues to grow and tackle health inequities in maternal health, chronic disease, mental health, and other health and social needs within the most disinvested communities in North and Central Brooklyn.

The Brownsville Neighborhood Health Action Center utilizes place-based approaches to improve health in Brownsville and other neighborhoods with disproportionate burdens of premature mortality by providing a physical space with specific community-centered programming and event offerings. The model uses a neighborhood strategy that co-locates clinical and community-based services and meets residents' social and health needs, including within maternal health, chronic disease, and mental health. For more information on services and partners, please visit this site.

Year of Climate
The Climate Health Task Force launched the Year of Climate beginning with Earth Month on April 1, 2024. The Task Force was established at the NYC Health Department in 2023 to support the agency's strategic priority to mobilize against the health impacts of climate change. The 2024 Year of Climate is an internal initiative to build staff awareness and capacity around the intersection of climate change, health, and justice. The Year of Climate will call on staff across the agency to engage, learn, train, and partner on climate and health, creating spaces for conversation and action.

In addition, it will equip NYC Health Department staff, particularly those who engage regularly with the public, with critical information related to climate health. The Task Force will be sharing 2-3 key climate health messages each season. Please stay tuned for more information and programming from the Climate Health Task Force throughout the Year of Climate.

Resources

Maternal Health Programs

- The Family Wellness Suite (FWS) in Brownsville, Brooklyn, is a safe and supportive space for women, caregivers, and their families to connect to community resources and city agency services. The FWS provides free services before, during, and after pregnancy. Services include childbirth education and newborn care classes, parenting classes, infant massage, reproductive health workshops, referrals, and more. They can refer families to services that will help avoid eviction, enroll in health insurance, and find employment. For more information in Brooklyn, call 718-312-6136 or email brooklynfws@health.nyc.gov.
- Healthy Start Brooklyn provides a variety of free support programs and classes for expectant and new parents who live in Brooklyn. These include education on and support for pregnancy, childbirth, parenting, breastfeeding, fatherhood, and healthy living. For information about upcoming virtual services and activities, see the event calendar here. Those interested in joining any of the programs can enroll online, call 844-919-1123, or email HealthyStartBrooklyn@health.nyc.gov.
- The Citywide Doula Initiative is part of the New Family Home Visits Initiative, which provides free access to home visitors (a trained health worker, such as a nurse, community health worker, and/or doula. who makes in-person visits) to support 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 -19. For eligibility and connections, visit the Citywide Doula Initiative website .

Diabetes and Chronic Disease Self-Management

The Bedford Health Center in Brooklyn offers a 6-week diabetes self-management education support program in collaboration with local partners. Classes are 2 hours and 30 minutes and are offered on a weekly basis. The center also offers a 6-week virtual workshop to support those with or at risk for hypertension on managing symptoms and medications, eating healthy, and creating an exercise program.

For schedules and to register for any of the Bedford programs, visit the Bedford Health Center website . To learn more about current offerings in our Brownsville, Bedford, and Bushwick sites, visit the NYC Brooklyn Health Services website .

Upcoming Events

We invite you to join our second annual NYC Anti-Racism in Medical Education Symposium (NYCAMES) on Friday, June 7, 2024, from 9am to 3pm, at the NYC Health Department. This event builds upon the success of our Inaugural Anti-Racism in Medical Education Symposium in June 2023 that convened medical school leadership and student-led groups to discuss ways to advance CERCA and address issues of systemic racism embedded in medical education. This year, the symposium will expand to include allied health practitioners and discuss antiracism and the deconstruction of race-based medicine among all types of healthcare providers. Save the date, and feel free to forward this invite to any allied health colleague who may be interested. You may RSVP here.

New Staff

The Brooklyn Bureau of Neighborhood Health's Family Wellness Suite welcomes Monique Baumont, Bianca Dort, and Barlii Sangare.

The Citywide Doula Initiative welcomes Catherine Vautor-laplacelier. Catherine is a full-spectrum community Doula and certified lactation consultant with over 24 years of experience as a peer-to-peer counselor. For the past 8 years, she has worked to improve maternal health in Brooklyn and is devoted to caring and supporting mothers during peripartum and postpartum periods. Catherine collaborates with other community partners to provide education and services to underserved women and their families.

Healthy Start Brooklyn welcomes Anu Nagpal-Dhawan. Anu manages its Citywide Doula Initiative database and supports users. Anu works to support programs such as What Now? and Healthy Mama House Calls. She is a dedicated, results-oriented professional with more than 14 years of experience and leadership in streamlining business processes to make them efficient, faster, and more cost-effective.

The Office of the CMO welcomes Donna Banzon, who joined the team as the new Health Advocacy Partners Program's (HAPP) Senior Program Manager. She recently relocated from Washington, DC, and brings 15 years of experience in nonprofit program management, community engagement, partnership building, and health communications. Before joining CHECW, she served as Director of Healthy Foods at Martha's Table, a DC-based nonprofit, where she led the expansion of healthy food access programs to address food security in DC.

The Office of the CMO welcomes Terresa Gordon, MPH, who joined the team as the new Health Advocacy Partners Program's (HAPP) Community Engagement Manager. Teresa has over 8 years of experience in community health and partner engagement. She is deeply committed to health equity and social justice and strives to ensure the delivery of create a fair and responsible healthcare. Terresa believes that promoting community empowerment, advocacy, and policy development will lead to equity in our public health system.

The Office of the CMO welcomes Amanda Lans, MD, PhD, MS, as the new Medical Epidemiologist–Long Covid. With a doctoral degree centered on social determinants of health and health literacy, Dr. Lans honed her skills during her tenure as a research fellow at Massachusetts General Hospital, Harvard Medical School. Prior to this, Dr. Lans attended the University of Utrecht, the Netherlands, where she earned her MD degree and Master of Science in Clinical Research.

The Office of the CMO welcomes Naomi Legros, MPH, who has joined the team as the CERCA Program coordinator. Naomi's public health experiences have predominantly been in reproductive health and justice and mental health, with a focus on depression, anxiety, and suicide prevention. Naomi holds an MPH from the CUNY School of Public Health and Health Policy concentrating in Community Health and Social Sciences.

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