CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH
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December 12, 2025
Start: 10:15 a.m.
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HELD AT: 250 Broadway – 8th Floor – Hearing Room 3

B E F O R E: Lynn C. Schulman
Chairperson

COUNCIL MEMBERS:
Joann Ariola
Justin L. Brannan
Carmen N. De La Rosa
Simcha Felder
Oswald Feliz
James F. Gennaro
Shahana Hanif
Kristy Marmorato
Julie Menin
Frank Morano
Mercedes Narcisse
Susan Zhuang

A P P E A R A N C E S (CONTINUED)

Michelle Morse
Acting Commissioner, DOHMH

Gretchen Van Wye
Assistant Commissioner, DOHMH

Vanessa Salcedo
MD, MPH

Jacob Zychick
American Heart Association

Nomiki Konst
Self

SERGEANT AT ARMS: Good morning. This is a microphone check for the Committee of Health. Today's date December 12, 2025. Location here in Room 3, recorded by Preston Camron.

SERGEANT AT ARMS: Good morning and welcome to the New York City Council Hearing of the Committee on Health. At this time, can everybody please silence your cell phones? If you wish to testify, please go to the back of the room to fill out a testimony slip. At this time and going forward, no one is to approach the dais. I repeat, no one is to approach the dais.

Chair, we are ready to begin.

CHAIRPERSON SCHULMAN: Thank you. [GAVEL] Good morning. I am Council Member Lynn Schulman, Chair of the New York City Council's Committee on Health. Thank you all for joining us at today's important hearing on the Status of Healthy NYC and Citywide Health Outcomes.

I want to point out a couple of things. One is that this is the last hearing of this Committee for the year. That's number one. Number two, I want to thank Prianka(SP?), who is in the back there who works for the CLA and she is our liaison and she's been amazing. As much as we've had some controversy

and some back and forth but she's always there to help my office and my team, so thank you Prianka very much.

We have been joined by on Zoom, Council Member Ariola and in person Council Member Morano. The Committee will also hear the following Introductions, Introduction 1303 by Council Member Shanana Hanif requiring the Health Department to provide information on fertility treatment including insurance coverage. Introduction 1399 by Council Member Keith Powers, in relation to access blood glucose test strips and Introduction 1465 by Council Member Oswald Feliz in relation to modifying sodium warnings at chain restaurants.

We will also hear the following resolutions. Resolution 1021 by Council Member Farah Louis calling on the state legislature to pass and the governor to sign legislation that would expand coverage for early detection of colorectal cancer to individuals 35 years and older.

Resolution 1061 by Majority Leader Amanda Farias calling on the state legislature to pass and the governor to sign legislation requiring pain management options be offered to patients undergoing

in office gynecologic procedures and Resolution 1136 by Council Member Frank Morano calling on the state legislature to pass and the governor to sign legislation creating a refundable tax credit for endometrial fertilization and other fertility treatment related medical expenses.

In November of 2023, I joined the Mayor and then DOHMH Commissioner Ashwin Vasan to announce Healthy NYC. A bold citywide initiative to increase New Yorkers life expectancy to 83 years by 2030. Last year, my legislation Local Law 46, codified Healthy NYC to ensure that this historic campaign endures beyond any one administration. Local Law 46 requires DOHMH to develop a five year population health agenda that improves public health outcomes, addresses long standing disparities, and expands access to high quality care. It also mandates annual progress reports to the City Council, powering Healthy NYC is a simple belief. The greatest city in the world should also be the healthiest city in the world.

The Healthy NYC 2025 report to the Council shows both the significant progress and the urgent work that remains. Provisional 2024 data indicates that New Yorkers life expectancy rose from 80.7 years in

2021 to 83.2 years, an increase of 2.5 years which now surpasses pre-pandemic levels and exceeds the 2030 goal. But you know we can't become complacent about that, so.

According to DOHMH, this remarkable rebound is largely driven by a sharp decline in COVID-19 that's made possible by a comprehensive citywide response and historic investments in vaccination and health equity. Yet, significant racial disparities persist across other key drivers of mortality.

The 2025 report also highlights major accomplishments since Healthy NYC launched including the release of seven strategy maps laying out targeted actions to address cardiometabolic diseases, screenable cancers, drug overdoses, suicides, COVID-19, violence and maternal mortality. The creation of the Respiratory Illness Dashboard, the launch of a new Breast Cancer Coalition Taskforce, the Teen Space Mental Health program, multiple overdose prevention initiatives, expanded maternal health supports and improvement collaboratives with the Institute for Health Care Improvement.

The 2025 report also underscores how DOHMH and the city strengthen partnerships with more than 35

organizations to better align community services, clinical practice, and public health goals with Healthy NYC. I want to particularly highlight the critical work underway to combat diabetes and other cardio metabolic conditions, which are among the leading drivers of premature mortality and among the most persistent source of racial health inequities. Healthy NYC's new chronic disease strategy lays out a multiagency plan to address heart disease and diabetes with initiatives already in motion.

DOHMH has also launched an improvement collaborative dedicated specifically to expanding diabetes self-management programs in priority neighborhoods ensuring that community partners have the tools, training and support they need to help residents manage their health, reduce complications and live longer lives.

I have spent my personal and professional life fighting for health care access, guided by the principle that health care is a human right. Now more than ever, New York City must remain committed to a comprehensive inclusive and equity driven vision for public health. Healthy NYC is central to this mission and I look forward to continued close

collaboration with the incoming administration and our growing network of Healthy NYC partner organizations to advance the great work that has been done and address the inequities and disparities that still exist.

Today's hearing is an opportunity to understand how Healthy NYC will continue beyond this administration, which was a unique aspect of my legislation to ensure the programs longevity and to hear from DOHMH on their current progress and their next steps for improving life expectancy and advancing health equity across our city.

Thank you Acting Commissioner and Chief Medical Officer Dr. Michelle Morse and Assistant Commissioner Gretchen Van Wye for your continued commitment to Healthy NYC and for being here today to discuss this critical program.

I want to emphasize that Dr. Morse has been amazing in a lot of these different areas and I'm looking forward to working with her to continue the progress that we've made.

I also want to thank the Committee Staff for their work on this hearing, as well as my own staff. Before passing the mic to my colleagues, I'm going to

read a statement from Council Member Louis on her Resolution 1021.

Thank you Chair Schulman for bringing forward this important Resolution and for your leadership and elevating public health issues. We are confronted with an urgent reality that colorectal cancer is no longer a disease that primarily effects older adults. Trends over the last three decades show a steady and concerning rise in cases among individuals under 50 and these cases are not being detected due to young adults being presumed to be low risk and therefore are not screened early enough. These delays lead to more advanced disease, more complex treatment, and lower survival rates. Despite the fact that early detection yields a five year survival rate of 90 percent.

Dr. Morse, my understanding is that among Black men, it's very high in young Black – okay. That's what I – it's not in here but that was my understanding. Okay. Resolution 1021 calls upon the state to act now by passing A4029 and S5302, which would lower the required insurance coverage age for colorectal cancer, early detection to 35 and ensure that early detection screenings are covered for all

individual policies. Without state action, too many New Yorkers will continue to fall through the cracks because insurers are not required to cover screenings before age 45 unless an individual can improve increased risk.

New York City records more than 3,000 new cases of colon cancer each year and over 1,000 deaths. New York State ranks among the highest in the nation for colorectal cancer mortality. We cannot allow outdated coverage standards to determine who receives lifesaving screenings.

The state must act now to counteract these trends, align insurance requirements with current research and give young adults a fair chance at early detection and survival. I urge my colleagues to support this Resolution so that we can send the unified and unequivocal message to Albany. Lives depend on this action and the time to act is now.

Let's see, I will now pass the mic over to Council Member Morano for a statement on his Resolution.

COUNCIL MEMBER MORANO: Thank you Madam Chair and thank you for your leadership, not only on the issues that we're talking about today but your stewardship

of this Committee and whatever happens next, you're definitely going to be missed as the Chair of this Committee. And I want to thank the Committee as well for hearing this Resolution today. I introduced this Resolution because for many New Yorkers the desire to start a family is met, not with joy but with fear, fear of cost, fear of debt and fear that something so fundamental may simply be out of reach and infertility effects millions of people and for many of them, invitro fertilization is not a luxury or an elective procedure, it's their only realistic path to parenthood and yet a single IVF cycle can cost $15,000 to $20,000 and many families require multiple cycles.

Even with insurance mandates on the books, the reality is that coverage is inconsistent, limited, and often comes with exclusions that leave families paying tens of thousands of dollars out of pocket. I've spoken with constituents and I know many of my colleagues have as well who have taken on second jobs, drained their savings, gone into medical debt or ultimately abandon treatment all together. It's not because they lack commitment or hope, but because the financial burden became overwhelming.

So, this Resolution calls on New York State to create a refundable tax credit for IVF and fertility related medical expenses. The word refundable matters. It release relief for working and middle class families, not just those with high incomes.

It means help for families who need it most including LGBTQ+ families, single parents by choice, and cancer survivors whose fertility has been impacted by medical treatments. It's not about politics. It's about dignity. It's about fairness and it's about recognizing that the ability to build a family shouldn't depend on the size of your paycheck for the fine print of your insurance plan.

I want to thank my co-sponsors from across boroughs and across the political spectrum for standing together on this issue and by advancing this Resolution, I think will send a clear message to Albany that New York has to do more to support families at one of the most vulnerable moments of their lives. So, thank you and I look forward to the discussion.

CHAIRPERSON SCHULMAN: Thank you Council Member Morano and I just, I want to point out in the short time that Council Member Morano has been here, he has

been amazing in terms of introducing a number of pieces of legislation and this one, which is very important. Back a couple years ago, I uh worked with the Mayor's office to make sure that management employees had benefits for IVF and so, that was something that was amazing and this takes this to the next step. So, thank you.

COUNCIL MEMBER MORANO: Thank you.

CHAIRPERSON SCHULMAN: And I want to acknowledge we've been joined by Council Member Mercedes Narcisse. And now I will pass the mic to the Committee Counsel to administer the oath to members of the Administration.

COMMITTEE COUNSEL: Thank you Chair. Good morning. In accordance with the rules of the Council, I will now administer the oath to the representatives from the Administration. If you could both please raise your right hands.

Do you swear to tell the truth and the whole truth and to respond honestly to Council Member questions before this Committee?

PANEL: Yes.

COMMITTEE COUNSEL: You may proceed with your testimony.

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

This is on right? Yes, okay, just making sure. It feels particularly appropriate to deliver this testimony as we close out 2025, which marked the 220th anniversary of the existence of the New York City Health Department. When our agency first began calculating life expectancy in the early 1900's, most New Yorkers did not live to see their 50th 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 of New York City 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 whole 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 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 out 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 Healthy NYC 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. Healthy NYC was created after New Yorkers'

life expectancy dropped by almost five years during 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. So, 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. Healthy NYC 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 and it is possible we'll some minor shifts in the numbers when we finalize them but today, we do have enough of the information and data to confidently tell the story and 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, which is the highest life expectancy this city has ever seen and it's a huge accomplishment. That said, while we may have met the goal, our work

is of course, 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 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, 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 was not shared equitably or fairly. Now, while we don't yet have finalized 2024 life expectancy data by race and ethnicity, we know that 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 or normal or 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, five fewer years to share time with loved ones and friends and although 2024 life expectancy data by race and ethnicity is not yet available, 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 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 percent drop in COVID-19 deaths. That did not happen passively. It wasn't just a rebound, 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. First is around our latest data on homicide deaths which shows that they have dropped by 26.4 percent. We are nearing our goal of a 30 percent 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, social isolation and others. And 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 and they take a public health approach to violence, which yields results. In other hopeful news, overdose deaths have dropped 18.2 percent since 2021. After almost 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 percent reduction by 2030.

Again, it is not a coincidental decline. During the pandemic, we saw a steep increases in overdose deaths and an exacerbation of racial inequities. The increased isolation during the pandemic, the influx

of often undetected fentanyl in our drug supply among other things, 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 amongst 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 has also contributed; and we've served about 22,000 people a year through syringe service programs across the city. That includes services for more than 8,000 participants in 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. They opened in 2021, and I had the honor of visiting them soon after. It remains one of the most memorable experiences of my time at the New York City Health Department. Harm reduction saves lives, and OnPoint is proof. I

remember watching someone receive 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 1970's 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 inequities but the data show that we are on the right track.

We are also making progress on lowering heart and diabetes related mortality. Our latest data show a 3.4 percent 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 the root causes of chronic disease inequities.

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 impacts on health.

In New York City most impoverished neighborhoods, the life expectancy is almost 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 or CHW's 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 community health workers to 10,000 workers by 2030 could serve 1.5 million New Yorkers, save almost $2 billion in annual health system costs, at a time when we certainly need to do that 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 is a top public health priority, there is no 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. Intro. 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 really 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 very broad general sexual and reproductive health education services and that's what we have a long track record of doing.

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 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 truly best managed in the healthcare system. We look forward to discussing these bills with Council and working collaboratively to improve health outcomes for New Yorkers and we're grateful for your partnership, especially as we look toward the future of Healthy NYC.

And so, to end on that note, 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. And health is the prerequisite. The data today shows us that we are making progress but we are working from an inequitable baseline. Our work isn't just about adding years to our lives. It's also 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 Healthy NYC goal is about racial equity. I look forward to discussing that strategy in depth with the next mayoral administration and thank you again, I'm happy to answer any questions.

CHAIRPERSON SCHULMAN: Thank you very much. Before we move on, I'm going to acknowledge we've been joined by Council Member Hanif and I'm going to ask her if she has a brief statement on her Introduction.

COUNCIL MEMBER HANIF: Thank you Chair Schulman, colleagues and all the advocates, providers, and New Yorkers joining us today. Thank you for the opportunity to speak on Intro. 1303, a legislation I authored to expand public awareness of and access to fertility care in New York City.

Intro. 1303 would require the Department of Health and Mental Hygiene to develop and implement a comprehensive public education and outreach campaign on fertility treatment. My goal with this bill is

simple, to ensure every New Yorker has clear, accurate information about common fertility services, the importance of early access to care and the insurance and Medicare coverage requirements already established under New York State Law. These materials would be delivered both in person and virtually in all Local Law 30 languages and in partnership with the Mayor's Office of Community and Ethnic Media. So, we reach communities too often left out of traditional outreach.

I introduced this bill because too many New Yorkers who want to start or grow, their families are navigating a system defined by misinformation, stigma and financial uncertainty. Fertility care is still widely perceived as something available only to the wealthy. That misconception delays care and prevents people from exploring the coverage many already have.

Thanks to our partners in Albany, numerous fertility services are covered through private insurance or Medicaid but awareness of these benefits remains far too low especially in low-income immigrant and working class communities.

We are advancing 1303 at a time when the Trump Administration and GOP leadership are working to

dismantle critical components of the federal healthcare safety net and undermine reproductive rights nationwide. These attacks make it even more essential for city's like New York to step up, provide accurate guidance and reaffirm that reproductive healthcare including fertility care is a right.

As the author of this legislation and as someone who has personally navigated and is personally navigating the confusion, stigma surrounding fertility care, I believe deeply that New Yorkers deserve transparent, multilingual, culturally competent information. Fertility care must be recognized as a core part of reproductive healthcare and every person should be able to make decisions about their family and their future with dignity and full knowledge of their options.

I'm grateful to the 19 members of the Woman's Caucus who join me in introducing this bill and I look forward to working closely with the Health Committee, DOHMH and partners across the city to move Intro. 1303 forward. This legislation is about expanding access, correcting misinformation and

ensuring that every New Yorker can seek fertility care without barriers.

Thank you and I look forward.

CHAIRPERSON SCHULMAN: Thank you Council Member. So, now I'm going to ask some questions. The 2025 Healthy NYC report found that in 2024, the city met its goal of increasing life expectancy beyond 83 years of age. Does DOHMH plan to set a new life expectancy goal prior to the publication of the next required citywide population health agenda in 2030? And if so, how are you evaluating what that number should be and what the target year is to reach that goal?

DR. MICHELLE MORSE: Thank you for the question Chair and I want to just start by underlining again how excited we are as a city to be – bless you – to be able to say that we have achieved our goal five years ahead of schedule. That is not the kind of thing that happens every day. It's a massive public health win. We should celebrate it. There are not many other local health departments that can say that and so, it's a really exciting milestone for the city.

At the same time, as I mentioned, our work is really still just beginning in many ways. What I'm particularly concerned about of course is that we could lose steam or lose progress on this goal because of the extremely concerning and frankly deadly policies coming out of the federal government and the massive defunding of public health. That threatens our goal and that certainly threatens our ability to maintain the goal that we've achieved.

In addition to that, racial equity and specifically the life expectancy of Black New Yorkers, is of tremendous concern to me. Of course, we can on the one hand celebrate achieving 83.2 years and at the same time, talk about how much more work we have to do to make sure that the health of Black New Yorkers is a priority in this city. All of that said, we do every five years have to really evaluate the goals, publish new goals. We still have a couple more years until we hit that milestone but I do very much look forward to and hope to have the chance to work with Council and the new administration in 2026 to set some serious racial equity goals and really talk about what it's going to take for our city to achieve them.

CHAIRPERSON SCHULMAN: How is Healthy NYC specifically addressing longstanding racial and neighborhood health inequities particularly in the Bronx, Central Brooklyn, and parts of Queens?

DR. MICHELLE MORSE: Absolutely. So, the Health Department and I did quote my mentor and friend Dr. Mary Bassett in my testimony. She in particular amongst many former Commissioners who came ahead of me, spent a lot of time really digging into what are the strategies that work for advancing health equity. And what's clear, is that it's focusing on geography or place and also centering race, racial and ethnic inequities.

So, knowing that those two things are the things that work, former commissioners invested significantly in a place based approach. What that placed based approach looks like is you know again, every heat map we look at at the Health Department shows unfortunately the same neighborhoods having the most unfair health outcomes. Premature mortality and life expectancy are kind of the big summative measures that we can look at that really give us a strong snapshot of what that means. And when we look at those heat maps, it's Tremont in the Bronx, it's

East Harlem, it's Brownsville, it's Central Queens, Corona. These are the neighborhoods that we know have the most unfair health outcomes. And so, in those neighborhoods, uhm, specifically in the first three that I mentioned, in Tremont, East Harlem, and Brownsville, we have health action centers and those are one of the place based approaches where we invest in the Health Department to make sure that those neighborhoods have even more resources, awareness, education and more importantly relationships with the Health Department about health resources. Now, I would say that those action centers and our placed based approach, as powerful as they are, have never been fully invested in, in the way that reverses generations of disinvestment and generations of unfair health outcomes. And so, I do hope that in the future, we can look towards what would it really take to make an investment that would really reverse the trends that we've seen and again, really dig into Black life expectancy specifically, which remains one of the biggest and most unfair and inequitable outcomes across the city.

CHAIRPERSON SCHULMAN: Okay, currently how many Healthy NYC champions and supporters are affiliated with the program?

DR. MICHELLE MORSE: Yes, it's been very interesting to see interests across the city in this campaign. It's been very exciting to see it. Council has helped us find new partners as well. At this point, we have over 40 champions and supporters of the Healthy NYC campaign and we're really excited to keep working with them in 2026 to again orient our work even more towards racial equity.

CHAIRPERSON SCHULMAN: But how many – do you know?

DR. MICHELLE MORSE: Over 40.

CHAIRPERSON SCHULMAN: Oh.

DR. MICHELLE MORSE: Yes.

CHAIRPERSON SCHULMAN: And does the city currently have – do you have a strategy for expanding these partnerships and including more organizations?

DR. MICHELLE MORSE: Absolutely. I think we are really looking at you know number one, working with the new mayoral administration to set out some new goals, specifically again on racial equity. Knowing that every five years, we have to publish them but

you know knowing we are in a place right now where we have to dig into that next frontier. So, we're excited to do that and I think specifically thinking of partners that are also expert in racial equity and health equity work will be part of our strategy to keep expanding in 2026 and we also look forward to the city releasing its citywide racial equity plan, which is required by law and was made a part of the charter revisions and we would see that as a big part of the connection between Healthy NYC and the Citywide Racial Equity Plan.

CHAIRPERSON SCHULMAN: Does DOHMH focus on specific community – well, you answer that already. Are there any particular champions or supporters whose work you'd like to highlight?

DR. MICHELLE MORSE: Well, I think you know all of the champions and supporters have been really meaningful partners to us, which is great and they don't you know – we're not paying them to be clear.

They're really contributing resources and time and ideas and some of them are launching programs aligned with Healthy NYC. I do want to highlight Karen Ignagni and Emblem Health for the work that they're doing specifically on diabetes in the Bronx.

It's quite cutting edge. Even though they are an insurer, they're a nonprofit insurer and this intervention is actually kind of agnostic to their members. In some ways it's a very placed based you know health equity focused intervention, so that's quite exciting.

And then it's been very interesting also to see some our art partners who have offered us a space in their various buildings etc., to do convenings and to get partners together to really dig more into these strategies, so – and we've got lots of great partners and again, hope to add more in 2026.

CHAIRPERSON SCHULMAN: And I think there's a way to make sure that all New Yorkers are involved in this. I represent a Sikh community in my districts, uhm an orthodox Jewish community. They have you know there are issues there too so I think all across the board. Have you ever thought of because I just thought of this now of doing like a CompStat type of –

DR. MICHELLE MORSE: Ah interesting.

CHAIRPERSON SCHULMAN: Because like, so you have your centers and if people – if there are disparities in certain neighborhoods, right and then you see like

where these people are and how are they connected to the local centers? Are they connected to a local hospital? Are they connected to various social services? That might be something to take a look at.

DR. MICHELLE MORSE: Very happy to talk more with you Chair and in Council about ideas like that and I think we, again, we do have an opportunity in 2026 to keep innovating with the framework that Healthy NYC has started.

CHAIRPERSON SCHULMAN: And also, when you talked about the homicides going down, do you work with the NYPD in terms of some of these issues as well?

DR. MICHELLE MORSE: It's a really good question. It has been so encouraging to see those decreases in violence, particularly since the beginning of the pandemic. We don't really work directly with NYPD on our hospital violence intervention programs but we do again take a public health approach, so to us, that means a very broad kind of whole of government approach. That means, you know anti-poverty initiatives since we know poverty and violence track so deeply together. We believe investments are one of those upstream interventions, you know in creating jobs, creating opportunities after school, working

with our youth. Those are all the kinds of investments that we know decrease violence. And then we again, have the most evidence for our hospital based violence intervention programs and certainly our you know interested, curious, and motivated to keep finding ways to expand the impact of those –

CHAIRPERSON SCHULMAN: A lot of local precincts work with people in the community because I know just in my district, work with domestic violence victims, work with you know so, maybe there's a way to even do a pilot because I know they reach out to folks, particularly those that need. And actually, I have had violence interrupters meet with my local precincts as well to help them with some of the issues that they're having in the community. Because I think we need to like widen the you know how we do things and include everybody. So, just as a thought.

DR. MICHELLE MORSE: Thank you.

CHAIRPERSON SCHULMAN: Uhm, of the greatest drivers of premature death, on which driver has the city made the most progress do you think?

DR. MICHELLE MORSE: Yes, this is such an important question. It again, I want to just highlight like these things don't just happen. We

really have to – we have specific strategies and investments and we push, and when we set goals, we take them very seriously and I want to underline that because I do think that there's some belief out there that oh, we're just bouncing back from the pandemic and you know, we're fine. That is not the case. We actively bounced the city back and that required a ton of resources and public health investments. And so, I will highlight the COVID-19 mortality reduction as one of the most impactful drivers of us achieving our goal five years ahead of schedule. We had a 93 percent decrease in COVID related mortality from 2021 to 2024. That is huge.

One of the investments was $100 million in a community health worker initiative, Public Health Corp., where we funded 100 community based organizations in the neighborhoods that had the most unfair COVID outcomes. And that's one of the ways that we were able to drive mortality down. There are many other interventions that we did in partnership with other agencies, including Health and Hospitals and so many others, and with Council. So, I want to highlight that one because again, it reminds us that when you invest in public health, it pays dividends

in outcomes, in life and in health for the city and when you don't, we have big, big challenges and that's just, that's been the reality for 220 years.

The second one I do want to underline is our progress on overdose reduction and excuse me, that's also been a whole of government response. OCME, Health and Hospitals, us, so many other partner agencies across the whole entire city have worked together to make sure that this is a huge focus. I mean as you all are probably aware, I mean, we have had over one million death nationwide in the past twenty years or so related to opioid overdose and that is abysmal. But I think our team was so encouraged by the 2023 data and especially the 2024 data showing a real change, a see change and a you know moving of that curve finally, a flattening of the curve when it comes to opioid overdose related mortality. That happened despite you know fentanyl still being quite prevalent in our drug supply.

So, this is not you know a happen stance, right. Even with these high amounts of fentanyl, we've been able to save more and more lives every year since 2023 and so it was very exciting to see that trend start to shift as well.

CHAIRPERSON SCHULMAN: Yeah, my – talking about sugar and talking about salt, my desire is to and maybe we can do this in you know the next few years but to get together with the private companies that manufacturers because there's too much – I mean, I'm somebody; I have high blood pressure. There's too much salt and there's too much sugar in what we eat. I mean, I just picked up a small yogurt the other day and the amount of sugar in there was like unbelievable.

DR. MICHELLE MORSE: Yes.

CHAIRPERSON SCHULMAN: And so, you know there's ways to I think do that, especially now that you're talking about AI in healthcare. You're talking about a whole bunch of stuff where they wouldn't lose money because I know the bottom line is the bottom line for them but if we have these public private partnerships. You know I had Coke Cola reach out to me at one time, they wanted to meet with me. I'm going to maybe circle back because they don't need as much. It doesn't mean I'm not asking them not to do it but you know so, maybe there's ways around that too and they could benefit as well. So, that's one.

I want to talk to you about smoking. Does DOHMH have a strategy to combat vape and electronic cigarette use among youth? Because I keep telling people vaping – they think vaping is the way to – if they don't smoke, they can vape.

DR. MICHELLE MORSE: Oh, it's a huge challenge for us. Uhm, we are really lucky –

CHAIRPERSON SCHULMAN: And there are flavored vapes, right? If I am correct.

DR. MICHELLE MORSE: Yeah, but we do have a ban on flavored vapes in effect in New York City, which is great. Our agency has been a national leader in addressing smoking and reducing smoking. In fact, smoking overall has gone down by 50 percent over the past 20 years. So, we're very happy to see that progress. Vaping has also gone down amongst our youth, so we're happy to see some progress in vaping but it's a patchwork and there are still certain age groups, neighborhoods, and communities where vaping is happening. So, we have a number of ways that we engage with our teens in particular around the harms of vaping. We do work in partnership with NYC Public Schools through our school health initiatives and our school nurses, as well as a number of other teen

oriented programs where we kind of you know bring kind of the harms of vaping and anti-vaping messaging into some of our existing programs. That work continues and we do tremendous surveillance work around youth vaping as well, so that we know what's happening. Are the rates going up, down, etc., and where do we need to target and focus our resources? So, that work is definitely ongoing. We would love to partner with Council to do more because we don't want our kids smoking. It just is completely unnecessary. It sets them up for chronic disease and I hope in 2026, in the new administration we could do even more on smoking and vaping in New York City. There is more progress to be made.

CHAIRPERSON SCHULMAN: Has DOHMH been tracking the usage of nicotine pouches, such as Zen or Vilo?

DR. MICHELLE MORSE: Yes, we have. This is also part of our surveillance and I want to give Dr. Van Wye a moment also to talk a little bit about our surveillance approaches because the tobacco companies are very creative. They keep changing the products. They keep evolving the way that they deliver the products. There's a lot of misinformation about you know vaping helps you quit cigarettes and it's very

confusing and honestly not always the case because there are very high amounts of nicotine in some vapes. And for the pouches in particular, we have seen a 20 fold increase in sales, purchasing of those pouches in the past just five years. So, we are monitoring that. We are doing surveillance work as you can imagine. We have to adapt our strategies as the tobacco industry adapts but if Dr. van Wye could talk a little bit about how we do that with surveillance, that would be great.

GRETCHEN VAN WYE: Good morning. Thank you for the question.

CHAIRPERSON SCHULMAN: Hi, good morning.

GRETCHEN VAN WYE: Uhm, we have a very robust, as the City Health Strategist, the Health Department has a very robust data collection system. This is longstanding and we have a number of surveys that we can use to ask people about what they're experiencing, what their behaviors are. We ask adults. We ask youth and we take the data and we make it readily available. We have a number of different ways that we do that and really, we go back to the data. When we want to understand something, we ask questions about it and the way we answer a lot

of these questions with data, and so we remain committed to doing that to this very rich and robust survey data collection infrastructure.

CHAIRPERSON SCHULMAN: Okay, what is the uhm, yeah we have to keep on top of that because you are right, they are very creative. Uhm, what is the rate of alcohol abuse in New York City and what strategies are being implemented to address this issue?

DR. MICHELLE MORSE: Yeah, I mean we are very, very serious about our surveillance for alcohol as well as our public messaging communications around the risks and harms of heavy alcohol use. So, at this point, in 2022, about 45 percent of New York City adults reported drinking at least one alcoholic drink in the past 30 days. That's a decrease from about 50 percent the prior year and we just recently released an epidemiology data brief, showing exactly where those rates are in New York City.

So, the overall kind of summary is that we are seeing a slight decrease in the use of alcohol in New York City and yet it's still very common and very prevalent. The reason it's important to us in our overall chronic disease inequity work and our Healthy NYC longevity work, is because alcohol is a risk

factor for many other unfortunately harmful outcomes including cancer. Many New Yorkers don't realize the connection between alcohol use and cancer risk and developing cancer. It's also a risk for of course other chronic disease, like liver disease, hypertension, I mean there a number of different chronic diseases for which alcohol, heavy alcohol use in particular but any alcohol use contributes to your risk of developing those diseases. So, we see our role as educating New Yorkers about that, doing the surveillance work and would love to think about other ways that we could uhm, reduce harmful advertising specifically as well around alcohol, including on the MTA and other spaces where our teens and youth and young adults are spending time.

So, we have you know many ideas. In fact, we're having a summit around alcohol next week to really talk about the connection between alcohol use and health and harmful health outcomes to really dig more into and better understand the context here in New York City specifically.

CHAIRPERSON SCHULMAN: Should alcohol abuse be considered a main driver of premature or excess death in New York City?

DR. MICHELLE MORSE: So, our data suggests that it certainly is a driver and you know tobacco use is still probably you know one of the larger risk factors but again, we're concerned that alcohol use – that most New Yorkers don't really understand the risks of alcohol use. The most well-known risk is probably you know driving and those kinds of things but very few New Yorkers understand the risk for cancer and other chronic diseases.

So, we really would love to be able to spend more time, resources, and engagement with New Yorkers around making sure they do understand those risks and would love to see less alcohol use in New York City frankly. It would make us a healthier city.

CHAIRPERSON SCHULMAN: I'm a [INAUDIBLE 00:51:24]. In DOHMH's chronic disease strategy for New York City, the agency lays out several policy proposals for reducing the incidents of chronic disease, including a pilot guaranteed income program for diabetes in the Bronx. This program, if funded, would enroll and provide 250 Bronx residents with low incomes, uncontrolled diabetes and food insecurity with a basic income for two years. Is this program

being implemented and do you need Council support for it?

DR. MICHELLE MORSE: Thank you again for that question. This program is not yet being implemented. We would love to be able to do so. It would be the first of its kind in the nation if we were able to do it. It certainly aligns very well with our mayor elects affordability agenda. What we are particularly excited about about that agenda is that things like free buses, access to low-cost groceries and healthy groceries, universal childcare, freezing the rent, these are all what we call social determinants of health. And certainly, something like income, as I've detailed in my testimony, the connection between income and poverty and health outcomes is profound. It's one of the oldest connections in the book, in the public health book and again, in my strong opinion, and most sociologists would agree with me, you know poverty is a human invention. We don't have to have it in fact. And so, to be able to do an intervention like guaranteed income and look at not only what's the impact on mental health? What's the impact on stress? What's the impact on diabetes control?

CHAIRPERSON SCHULMAN: Right.

DR. MICHELLE MORSE: When we know that the rates of diabetes are two or three times higher in high poverty neighborhoods across the city, it's common sense public health. So, I would love for us to be able to do something like that and again, I think it aligns perfectly with the incoming administrations priorities.

CHAIRPERSON SCHULMAN: Okay, is DOHMH partnering with DCWP and H+H to provide financial empowerment support to New Yorkers in healthcare facilities?

DR. MICHELLE MORSE: We are very excited about that work. That work is being led by DCWP. It's one of the initiatives that we outlined in our kind of 18 month taskforce that led to the development and publishing of our chronic disease and equity report earlier this year.

DCWP put that initiative forward. They're moving it forward and we've very excited that it's happening.

CHAIRPERSON SCHULMAN: Please describe DOHMH's current efforts to identify and address benefits cliffs among New Yorkers who receive SNAP or are on Medicaid?

DR. MICHELLE MORSE: This is another great example of the social determinants of health. I remain extremely concerned and am constantly in communication with Commissioner Molly Park, whose been an incredible partner to us at the Health Department to really make sure that things like you know again, you spoke about health is a human right. Uhm, you know right to safe food and reliable food is just one of the most basic rights and in New York City, we have almost two million New Yorkers again who struggle with meeting that basic need. SNAP is incredibly important, so we do partner closely with the DSS HRA around SNAP, making sure it's protected. That New Yorkers get access to it and it certainly has positive impacts on their health outcomes.

So, most of our work in that realm is both doing the surveillance work to know who is on SNAP and who isn't and then what are their health outcomes and similar for Medicaid, our role I would say in mitigating HR1, we have several plans in place around making sure that we both know who loses health insurance. What the impact of that is on their health and then what are other options that they have for making sure that their access to healthcare is

not compromised because of that. And Dr. Van Wye I think can talk a little bit more about the SNAP side as well.

GRETCHEN VAN WYE: Absolutely, thank you so much for the question. So, those robust surveillance systems, the survey systems that we were talking about, we've uhm, we have always collected or at different times we've collected data about food insecurity. So, we're making sure that we include those questions on our rapid turnaround survey, so that we can get a sense of what's happening. So, we plan to be able to roll out that data when it's collected and cleaned. So, we have a number of different ways we look at that.

CHAIRPERSON SCHULMAN: Yeah, I mean DOHMH is great because you have the data, so I think what I'd like to see in the next year is that – because a lot of us, a lot of the Council Members give to Food Banks and different programs and everything else, is to match that up because just to make sure that the finances are being spent in the right way and reaching the most people, so they don't, you know we don't like uhm, work across purposes or whatever, I think that it's important for the Administration,

because that hasn't always happened to work more closely with the Council. I'm hoping that that happens with the next Administration to figure those pieces out. Because if I'm giving money to a Food Bank in my community, where is that in terms of your surveillance data? Like, how does that match up? So, we should talk about that.

GRETCHEN VAN WYE: Would love to, absolutely.

CHAIRPERSON SCHULMAN: What is the More Veggies program and has it been implemented?

DR. MICHELLE MORSE: Yes. This is a very exciting and innovative program in the Bronx. The Bronx is a big focus for us and I want to shout out our Assistant Commissioner Anita Rayas who is the Bronx expert in all things Bronx. And this was a program that her team developed and worked to implement in partnership with Urban Health Plan. It basically offers support for and free, healthy groceries for a number of Bronx residents who have diabetes and it's looking specifically at well, what are the outcomes for the Bronx residents with diabetes who are enrolled in this program when they get essentially additional dollars and support to be

able to spend those dollars on healthy foods and veggies.

We know that, is you know the tomatoes, you know all the healthy vegetables and fruits are more expensive then a lot of the other options and so, this is meant to really offer the resources. Again, the material needs, the affordability, to make sure that those things are more accessible. So, the program has launched. I believe we're about a year into the program and hope to have some outcomes in the next year or two about what the impact was for the people enrolled in the More Veggies program.

CHAIRPERSON SCHULMAN: Okay, no, that's great. If you have anything before that even anecdotal, that would be helpful because then when we look to what we're going to do in terms of you know the budget and everything else, I think that that would be really helpful.

DR. MICHELLE MORSE: Absolutely.

CHAIRPERSON SCHULMAN: Maternal mortality, which I know is a big issue for me, it's a big issue for me, it's a big issue for the Council, for my colleagues. So, it continues to climb, particularly among Black, non-Hispanic people so please describe

DOHMH's current efforts to reduce the maternal mortality rate as well as how the agency plans to reduce the rates by ten percent by 2030. What's working? What needs more attention? What needs more resources?

DR. MICHELLE MORSE: This is an area where I do think we really need to put more attention in interventions. There is a data lag and part of that is unavoidable, partially because we do a really intensive process through our Maternal Mortality Review Committee to look at every single pregnant person who passes away either during or after within a year after delivering a baby and that process takes time to really figure out well, what was the cause, where the cause is? Were they preventable? And then we aggregate all that information and every September we publish a report that demonstrates kind of a summary of what the causes were and what our recommendations are as this committee of experts around how to prevent this from happening going forward. What we know is that just about three of four pregnancy related deaths unfortunately for Black New Yorkers are preventable. So, we know that we can do better and the most recent report published in

September of this year, was on the 2022 data. It unfortunately showed almost a 20 percent increase in pregnancy associated mortality for Black women specifically. So, we have work to do there. Two things that I want to share that we have already done in response to that, pregnancy associated mortality is the highest in Brownsville in Brooklyn in New York City.

So, we recently launched a pilot of the Neighborhood Stress Rezone. We're very excited to see the outcomes. It's only a few months old, so we're really just getting started and we have more parts of that program we want to build out. But we've already had 200 referrals for pregnant people and postpartum people who have come in to that Neighborhood Stress Rezone and sometimes those referrals are you know basic things like food. Other times, it's I need you know mental health support. It really varies but as a you know we can't just push our agenda. So, the way we get you know people in the community in the doors, we offer free classes, lactation support, yoga classes, free pack and plays and a number of other things that are things that we know new moms, new families need. And that's one of

the ways again to make sure that we're doing engagement, not just pushing an agenda.

And the second thing I wanted to mention that we're really doing again as a way to try to turn these rates around, is we're really looking at how we can partner with New York State even more and that's incredibly important because they have a lot of say over the healthcare spaces. They are the regulator for healthcare spaces. Dr. Jim McDonald, who is the State Health Commissioner, has been a wonderful partner and so we're exploring additional things we can do in that space as well.

CHAIRPERSON SCHULMAN: Don't they have uhm in Europe, don't they have something similar to the Neighborhood Stress Rezone?

DR. MICHELLE MORSE: So, Neighborhood Stress Rezone actually was piloted first in Buffalo New York.

CHAIRPERSON SCHULMAN: Okay.

DR. MICHELLE MORSE: Theirs is you know – our model is based on their work. And so, yes, it's a model that's been adapted but we want to partner the stress free zone with a maternal medical home and Health and Hospitals is already doing some really

interesting work in the maternal medical home space as well. The idea is that those two entities and spaces partner, pair team up and that you know pregnant people are able to go to both essentially. So, they get community based services and support, as well as the healthcare, prenatal care, postpartum care supports.

CHAIRPERSON SCHULMAN: Right, do you do any work with like the medical schools in terms of the OBGYN positions and –

DR. MICHELLE MORSE: That's a great question. So, in the past through our maternal home, excuse me, Maternal Health Quality Improvement Network, we partnered with hospitals specifically that do deliveries and in that way, we were working with them to train the providers in the birthing hospitals on anti-racism and how to make sure that the birth experience, especially from parents of color were improved.

That program has wrapped up at this point. We don't have anything specific with medical schools but we certainly are constantly engaging.

CHAIRPERSON SCHULMAN: Yeah, because the New York Academy of Medicine I would think might be helpful there.

DR. MICHELLE MORSE: That's a great point, yup.

CHAIRPERSON SCHULMAN: You know because I think that's an issue. I mean having worked at Woodhull for a number of years and where it was high and uhm, you know I think it's – I think partially it's the medical staff and the training they have. So, that's one. Uhm, but also you know the City Council has passed a number of pieces of legislation around doulas and midwives and all that. Has that been helpful in this?

DR. MICHELLE MORSE: Absolutely.

CHAIRPERSON SCHULMAN: Okay.

DR. MICHELLE MORSE: And I'll just underline that since 2021, over 20,000 families through our nurse home visiting and doula programs have been supported through pregnancy and postpartum and then in our 3,200 families that have received doula support, there hasn't been a single maternal death in that group.

CHAIRPERSON SCHULMAN: Really? Okay, well then we need to do more of that. Is it – out of

curiosity, is caesarean sections higher in terms of mortality then vaginal births?

DR. MICHELLE MORSE: That is a very good question and we think technically yes. So, because caesarean sections are a major abdominal surgery, there are more risks, blood loss, complications, etc., and the city, we have done quite a bit of work with providers to encourage lower C-section rates. I know this is something that's also a priority for the State Health Department and they're doing incentives, incentive programs within the healthcare space around reducing primary caesarean section rate. We also want to see you know, vaginal birth after caesarean section rates increase as well.

CHAIRPERSON SCHULMAN: Right.

DR. MICHELLE MORSE: And so, we're really you know interested in exploring more ways to do that. Sometimes C-sections are necessary and sometimes they are unavoidable.

CHAIRPERSON SCHULMAN: Understood.

DR. MICHELLE MORSE: But it's very clear that we're doing more C-sections then we need to be doing.

CHAIRPERSON SCHULMAN: I mean is that something also to educate the public about because some people make a choice of doing that?

DR. MICHELLE MORSE: We actually did launch a campaign, an education campaign this year around the right to vaginal birth after caesarean section and that campaign was exactly about that. It was having both people who have had a vaginal birth after a caesarean, providers, midwives, doulas and others, talking about and doing testimonials. So, we could always do more in that space but I do you know again want to highlight that one of the biggest drives is maternal mental health. So, overdose and suicide and then second is cardiovascular issues. So, those are two of the big issues that we really want to focus on in both maternal medical home and neighborhood stress rezone interventions, since we know that those are big parts of the driving force behind the high rate of maternal mortality we're seeing right now in New York City.

CHAIRPERSON SCHULMAN: Right and those women have a tendency to have higher blood pressure I'm assuming and all of that, so.

DR. MICHELLE MORSE: That's right, we have work to do.

CHAIRPERSON SCHULMAN: Controlling that would be helpful as well, so. What strategies has DOHMH implemented to ensure people in the post-partum period and the newborns have the care and support they need to monitor their health and prevent serious complications, which may be common in the post-partum period and among newborns?

DR. MICHELLE MORSE: There are uhm, I would say that our home visiting programs and our doula programs are the strongest way that we do that. Another approach that we use is our family wellness suites in our action centers. Those are places where families come and in fact, we just recently at the Neighborhood Stress Rezone, launched her directly from a number of families who use the family wellness suites and found them to be these powerful healing spaces because a family does need a lot of support after a new baby has joined the family.

We also have a lot of different ways that we do screening and connection to care through our nurse family partnership, our new family home visiting programs, and our doula programs. So, those are our

main methods for partnering with new families after delivery. I think there's always more to be done and again, our partnership with healthcare organizations is really important in that space.

CHAIRPERSON SCHULMAN: I'm going to ask a few more questions and then I'm going to ask my colleagues if they have questions, then I'll come back. But does DOHMH have a strategy to ensure New Yorkers living with disabilities are not left behind? How is DOHMH ensuring that New Yorkers with disabilities can receive the same level of care as the rest of their community members, especially where issues of accessibility and discrimination persist?

DR. MICHELLE MORSE: Absolutely. This is a priority for us. We launched recently our five year disability plan. It was a multi-month planning process in the agency where staff from all divisions were involved in developing the ideas and implementation plan for our five year disability report and guidelines. So, that's certainly been a priority and we have several leaders within the health department who lead and guide that work.

And then excuse me, also within our division of mental hygiene, we have a number of different

programs that are focused specifically on populations with disabilities. And the final thing I'll share is that our early intervention programs are really intended to prevent as much as possible early in childhood, certain disability outcomes and developmental outcomes as well. So, those are a few other ways that we work in that space.

CHAIRPERSON SCHULMAN: We would love to see if you could share the disability plan with us and love to see that. Are there any specific drivers of early excess mortality that more greatly effect New Yorkers with disabilities?

DR. MICHELLE MORSE: Now that is a great question. I'll see if Dr. Van Wye might have a response to that one.

GRETCHEN VAN WYE: Thank you for the question. That is a really excellent question. We do not have information at our fingertips now. We can do more research and look into that.

CHAIRPERSON SCHULMAN: Can you do more research and find out because uhm you know very often people with disabilities are sort of left by the wayside and I want to make sure that does not happen. So, if you could do that, that would be great. Uhm, okay

vaccines. Does DOHMH believe that COVID-19 deaths should continue to be considered one of the main drivers as part of Healthy NYC since the rates have gone down so substantially? Is so, why?

DR. MICHELLE MORSE: So, COVID-19 unfortunately it's still with us.

CHAIRPERSON SCHULMAN: Right.

DR. MICHELLE MORSE: We at the current moment are you know really heading into peak respiratory viral season, flu happens to be the dominant virus at the moment but it's often a little bit later in the winter time that COVID cases start to go up. So, our guidance is certainly still that every New Yorker is best protected and safest if they get updated flu and COVID vaccines and RSV if they're eligible. In terms of ongoing causes of our life expectancy and lowering mortality for COVID, we do still see several hundred COVID related deaths every winter and again, the vaccine significantly decreases your chances of ER visits, hospitalizations and death. I think people don't realize that people are still dying from COVID-19, even though the rates have gone down significantly. It's still happening and it does have to. In fact, I would love to see zero COVID-19

related deaths and if we had higher vaccination rates quite frankly, we would be in a better place.

CHAIRPERSON SCHULMAN: So, having said that, do you think that the policies of the federal government in terms of vaccines have the potential to lower the life expectancy?

DR. MICHELLE MORSE: I am very worried that the policies coming from our federal government are going to threaten our successes and our progress with Healthy NYC. I think what the federal government is doing around vaccinations specifically, even an executive order that just came out a few days ago from the Trump Administration essentially you know asking the Acting CDC Director and the Secretary of HHS to completely review and kind of start over with our childhood vaccination schedule, and rethink what's included. And to do so in comparison with countries that we have very little in common with in terms of epidemiologic risk and disease risk is deadly. It's a waste of time. It's a waste of resources and it brings more misinformation and disinformation about the safety of our current vaccination schedule and I'm very worried that if that moves forward, it could mean changes in the

Vaccine for Children program. This is one of the most effective public health programs in history. It launched in 1994. It has saved over one million lives of childhood illnesses. The models are that it's also prevented over 500 million infectious diseases amongst our kids since it started and so, to threaten and potentially you know change the funding or decrease funding for a lifesaving childhood vaccination program – the Vaccination for Children program where we in New York City, that's what enables us to do the 2.5 million childhood vaccines that I referenced earlier. Threatening that program is quite deadly and I am extremely concerned about it and certainly hope to work with Council and the new administration to protect what is one of the most effective and lifesaving programs we have in public health.

CHAIRPERSON SCHULMAN: So, with the uhm, decision around Hepatitis B vaccines at birth, are you guys going to stop monitoring that?

DR. MICHELLE MORSE: Yes, we have been monitoring those policy changes very closely. It was extremely disappointing to see the ACIP vote to change the guidance and the recommendation and say that the dose

of Hepatitis B vaccine doesn't need to happen at birth. It certainly does need to happen at birth. The evidence is extensive. The evidence of safety and impact is extensive. So, we've been working very closely with providers all across New York City as well as the State Health Department to make it very clear that the guidance has not changed in New York City or New York State.

CHAIRPERSON SCHULMAN: Okay.

DR. MICHELLE MORSE: And that we still recommend the birth does of the Hepatitis B vaccine.

CHAIRPERSON SCHULMAN: Alright but what I'm going to ask is if you monitor whether or not that's actually happening?

DR. MICHELLE MORSE: Absolutely so.

CHAIRPERSON SCHULMAN: And how that's – yeah.

DR. MICHELLE MORSE: Yes, we do. We have a very sophisticated uhm database called the CIR, the Citywide Immunization Registry that allows us to track all childhood vaccinations and allows us to know whether or not our babies are still getting the Hepatitis B vaccine.

CHAIRPERSON SCHULMAN: So, considering what's going on at the federal government, which preventable

diseases is DOHMH monitoring as potential drivers of excess death in light of that?

DR. MICHELLE MORSE: We are very, very lucky to have such strength in this space. I'm going ask Dr. Van Wye to share a little bit more.

GRETCHEN VAN WYE: Thank you very much for the question. I'll just step back and say uhm, I want to talk a little bit about death that we've seen in the city since we started collecting information about deaths.

If you've ever seen the cover of our annual summary of vital statistics, which is it's a graph of the actual death rate in New York City since 1804 when we started collecting data. You'll see that the line is very, very high in the first 100 years, the first 150 years or so and the rates are high because of infectious disease outbreaks. We are fortunate enough to die from chronic diseases mostly as a nation and as a city now. About 70 percent of the deaths are related to chronic diseases because we've brought control to infectious diseases. So, we monitor all the deaths and will continue to monitor all the deaths but really it's this duality of we

have to control the infectious diseases so that we can make sure that we're able to –

CHAIRPERSON SCHULMAN: Right because I'm just curious where if a spike is going to happen or where that's going to be and also my understanding is they're trying to change the way the flu vaccine is done as well.

DR. MICHELLE MORSE: Well, I sure hope they don't but also, you're exactly right with this kind of deadly federal policy frankly, we are quite worried that we could have more infectious outbreaks going forward. We do surveillance of over 100 communicable diseases that are reportable across New York City and that is one of our most important functions because that is our system to like be the canary in the coalmine to alert us very early if there are any issues.

I am continuously worried about measles. In fact, we look like we are quite on track as a nation to lose our measles elimination status in early 2026. That is fully the responsibility of the Trump Administration and that is incredibly unfortunate and it basically means that we are losing significant

ground in public health in this country and we certainly don't have to.

CHAIRPERSON SCHULMAN: How is the flu vaccination rate going right now?

DR. MICHELLE MORSE: We're doing okay on flu at the end of every December and then about six months later, we do kind of the big data snapshot and release information about the flu vaccination rates. We are somewhat similar to where we were last year but it's still not enough. More New Yorkers should get the flu vaccine. Healthcare workers are required to get it for example or to where a mask but we don't have any requirements for the average adult New Yorker outside of that to get the flu vaccine.

CHAIRPERSON SCHULMAN: To what extent is vaccine outreach targeted in culturally competent such as outreach to different communities like the Jewish community, the Sikh community, the ones I've mentioned? I know that you have like culturally competent languages. I don't see Punjabi there because that's a big language spoken in my district. So, and there's a – in my work with them, you know there's like a stigma or a fear of getting healthcare and that kind of stuff, so that's something that you

know we should – I'll work with you on but we should focus on but anyway, what's –

DR. MICHELLE MORSE: So, we have a number of different strategies we use. One of them is kind of mass public media. In fact, next week we'll be launching a new part of our respiratory viral season mass media campaign. So, we do do kind of the broader public campaigns. We also do more focused campaigns in neighborhoods and communities where vaccination rates are lower and we do that in multiple different languages, although I will follow up with our team about Punjabi specifically. And then we also have in some communities liaisons. So, for example, in the orthodox Jewish community, we have a liaison who works with us, who understands the health landscape and you know partially because of the very unfortunate enlarged measles outbreak in 2018 and 2019, that was one of the investments that the Health Department made.

CHAIRPERSON SCHULMAN: Okay.

DR. MICHELLE MORSE: But we certainly are happy to speak more about different options and as I mentioned during the pandemic, we funded 100 community based organizations to be the messenger in

their community as the expert in their community and the language of that community and that strategy worked very effectively.

CHAIRPERSON SCHULMAN: Okay, I'm going to hand the mic over to Council Member Narcisse for questions.

COUNCIL MEMBER NARCISSE: Thank you Chair. There's so much going on, I don't even know how to summarize all the things that I've been – we are about to lose the subsidies for the ACA in a month and a half. We have so many cuts, it will drive you crazy but let me bring it back to cancer. Death from screenable cancers tick slightly up from 4,065 in 2023 to 4,282 in 2024. Has DOHMH identified which cancers are responsible for this uptick or which individuals are being impacted by the rise, or are these deaths up because the number of people being screened has increased?

DR. MICHELLE MORSE: Yeah, thank you for the question. Our goal for Healthy NYC, is to excuse me, decrease screenable cancer related mortality by 20 percent by 2030, and that goal we think is achievable. Screenable cancers again is one of the most important public health interventions. It

allows us to detect cancer early when it's more treatable and before it has spread. So, that is a huge goal for us and from 2021 to 2024, we did see I think it was a 0.7 percent increase in screenable cancer rates. I do believe and our teams believe that that is particularly because of increased screening.

Now that people are seeking care and doing more preventive care then during the height of the pandemic, so that's certainly part of it and then we uhm, have not drilled down specifically on what the main drivers are but I might ask Dr. Van Wye to share a little more about how we do that.

GRETCHEN VAN WYE: Thank you for the question. We are able to look at that. I don't have the information with me right now to look at the causes and what's driving. I will say though that we continue to see these inequities in cancer deaths and so, we do know that the racial inequities are an area of focus and that's what we are focusing on.

COUNCIL MEMBER NARCISSE: Hmm.. Uhm, I remember last time you were here; we were talking about colon cancer increasing in a Black male and since I have a GI in my house, all I'm going to hear getting upset

about what's going on with the Black male getting uhm, colon cancer so early.

Many studies and press reports this year have focus on rising cancer rates among people under the age of 50. With the National Institute of Health highlighting female breast cancer, as well as colorectal, kidney, uterine, and pancreatic cancer, as particularly concerning.

Are these national trends mirrored in NYC and what does DOHMH attribute these increases to?

DR. MICHELLE MORSE: Yes. This is certainly an area of concern for us again because we have to understand this to be able to meet our goal by 2030 for reducing screenable cancers. We do know that in New York City we have seen the trend for colorectal cancers and breast cancers specifically increasing in recent years amongst young people. For the other cancers you mentioned, we don't – I don't have those numbers specifically with me but we can look into that information. Colon cancer and breast cancer are so important because they are screenable and so, we tend to focus quite a bit on those.

Interestingly, for colon cancer, we've seen a significant decrease in racial inequities in

screening, which is great and also, decreases in some colorectal cancer inequities for mortality across the city because of the work of our C5 coalition over the past 20 years. And so, to that end, we actually just this fall launched our first ever breast cancer coalition to really look at partners across the city and really bring them together essentially to say, how do we understand the trends in breast cancer mortality for the city and how do we again change the tie and reduce breast cancer mortality? Because we actually have similar rates of breast cancer screening across all racial and ethnic groups in New York City but a higher rate of breast cancer mortality amongst Black women.

So, we need to understand that and change it in partnership with a lot of you know partners like the American Cancer Society, some of our healthcare partners, cancer centers, and many other groups across the city.

COUNCIL MEMBER NARCISSE: And I think you – we were talking about something earlier like poverty is a man, I would say a man made.

DR. MICHELLE MORSE: Yes.

COUNCIL MEMBER NARCISSE: And then we've seen it vividly in front of us, so with all that, colon cancer, people should not be dying with colon cancer. It's totally preventable. We can do more when it comes to colon cancer and having a young man dying so early I think that we need to do more. And for me, in my corner, I try. We're talking about food inequities, I'm addressing it. I have two farms and I'm putting a third one. I partner with the Campaign Against Hunger. We're doing a wellness Wednesday, where I give you fresh organic fruit and vegetables and making sure that people eat better and I'm very intentional when it comes to poverty around me.

So, I'm always trying to be in every corner in the school building, talking to the parents and trying to get people in to understand the importance of preventive care. Preventive care is so important and I realize people, it's not sexy for people to talk about health. Look out there, when we're here we always end up staying longer for a lot of things.

Which health disparities remain the most persistent despite existing interventions and what is the Administration doing differently to address them?

DR. MICHELLE MORSE: Yes, this is exactly where we want to go in this kind of hearing because we do clearly still have work to do. The first one I'll highlight is that we still have an absolutely unacceptable life expectancy for Black New Yorkers. Even though it's been the case since we started measuring it, the Black life expectancy has been lower. There is no reason for us to accept it. It is completely changeable and shiftable. There's no reason why you know in 2023, Black New Yorkers life expectancy was five years lower than White New Yorkers. So, that's the first and foremost. That's kind of priority one, two, and three, in terms of where I would like to see us make significant progress in the coming years by 2030.

Another area certainly is what you kind of already highlighted around us struggling with screenable cancers. Those rates of screenable cancer need to finally start to go down. That requires a lot of work but we can do it and in the final area again, is Black maternal mortality. So, I want to see us make significant progress in that realm as well.

COUNCIL MEMBER NARCISSE: Does our public health workforce and provider network currently have the capacity to meet Healthy NYC goals knowing what's coming up?

DR. MICHELLE MORSE: What I'm very worried about is as HR1 is implemented and it is very likely that the enhanced ACS subsidies are going to expire on December 31st and that congress is going to fail to act unfortunately. To combined with HR1 implementation and those enhanced subsidies not being renewed, our predictions are that hundreds of thousands New Yorkers, perhaps 800,000 New Yorkers will lose health insurance in the coming years, and that is a huge concern. Health insurance is what allows for preventive care, for your mammograms to be paid for, for your colon cancer screenings to be paid for, for your vaccinations to be paid for and so many of the other life saving preventive care programs.

And so, with that coming down the pipeline, that is a public health disaster in the making. We're extremely concerned about it. We have a number of both policy and advocacy things that we're working on and some of which are in partnership with Health and Hospitals and the current City Hall as well to

mitigate those impacts. One of the things we have to focus on is decreasing medical debt, making sure that we don't see a massive spike in medical debt in coming years. We also believe of course that NYC Cares, should be expanded and the health departments clinics, we see you know over 80,000 visits a year for sexual health. Our HIV rates are going up, so we want to make sure we have even more capacity in our health department clinics. 70 percent of our patients are uninsured already, so we know that these are trusted healthcare spaces for preventive care and would love to see more investments in our sexual health clinics and TB clinics as well, since we see so many uninsured people already. And then I think we think it's also incredibly important for us to find ways to decrease people rolling off of Medicaid because of work requirements or these every six month recertification programs. And we have a number of ideas in the works around that area as well.

So, in summary, I am very concerned that very soon our healthcare delivery system will not have the capacity it needs. Telehealth is another potential solution and we have lots of ways that we can intervene but we are on track to see significant loss

of health insurance and significant impact at a population level on health outcomes of the most marginalized New Yorkers.

COUNCIL MEMBER NARCISSE: Alright thank you and then I'm concerned about all the nonprofit organizations that usually help me with screening, cancer screening to bring the Italian foundation that usually bring the buses. So, I have so many questions but I have – that's not my hearing but I'm always so excited – no I'm a nurse, so I'm so excited and I'm so appreciative of your time. So, thank you.

DR. MICHELLE MORSE: Thank you.

CHAIRPERSON SCHULMAN: Thank you Council Member Narcisse. Council Member Hanif, you have questions?

COUNCIL MEMBER HANIF: Yes, thank you. Thank you Dr.'s Morse and Van Wye for being here and your testimony. I'd like to focus on my bill 1303. Uhm, would you agree that fertility care is a core component of reproductive healthcare?

DR. MICHELLE MORSE: 100 percent agree with you Council Member. That is uh, you can't do comprehensive reproductive care without fertility care, so certainly agree with you on that principle.

COUNCIL MEMBER HANIF: Does DOHMH currently have any public outreach or education specifically focused on fertility treatment or insurance coverage?

DR. MICHELLE MORSE: Our current work in the reproductive health space is mostly focused on access to abortion care. So, we have an abortion access hub. We also do a lot of care around reproductive health, specifically around pregnancy prevention if that's of interest to you as a person that we're seeing and our sexual health clinics do a lot of work in that space as well.

So, we tend to focus more on broad general population level, sexual health, and reproductive health and abortion care access. We're not one of the larger healthcare or subspecialty care providers in the city. And so, when it comes to specifically fertility questions and issues, we in general refer to the specialists across the city who really do serve as the experts in that space around fertility.

COUNCIL MEMBER HANIF: And could you share or clarify by specialists, you mean?

DR. MICHELLE MORSE: In general, these would be OBGYN's. they are certainly kind of more expert then our generalists are when it comes to sexual health.

Excuse me, reproductive health for fertility and then there are certainly also Reproductive Endocrinology and Infertility Specialists, REI Specialists across the city who also are expert in that particular space.

COUNCIL MEMBER HANIF: So, are you sharing that uhm, New Yorkers get referred from DOHMH to OBGYN's and endocrinologists?

DR. MICHELLE MORSE: That uhm, I don't have the specific rates of how often that happens. Uhm, but certainly if that were a question of a patient that came to our sexual health clinic, that would be what our clinicians would do is they would refer. Usually, those referrals happen to an OBGYN first and then an OBGYN might refer but our healthcare partners across the city, they tend to see much more of that kind of question then we do.

COUNCIL MEMBER HANIF: Got it and then does DOHMH have any fertility data on disparities?

DR. MICHELLE MORSE: I'm going to pass that one to Dr. Van Wye.

GRETCHEN VAN WYE: Hi, thank you for the question. I'm not sure but we can look into it. I don't think that we do but we'll see what we have.

COUNCIL MEMBER HANIF: Yeah, that would be great just to better understand across income, race, immigration status, and of course across the boroughs and then does DOHMH know about New Yorkers knowledge gaps regarding fertility care and insurance coverage?

DR. MICHELLE MORSE: This is a really great question. We don't currently have surveillance data on that specific question. I will say our healthcare partners might have some of that data specifically, particularly our OBGYN's across the city and REI specialists across the city.

COUNCIL MEMBER HANIF: So, I know that you shared that the Admin does not support the bill. I mean you support the intent of the bill but because DOHMH is not considered the specialists, you all are not supporting it. I'd like to just better understand from the angle of just education and outreach on fertility care, just the way we've done with abortion care. This Council has taken great leadership on ensuring that abortion care for New Yorkers and anybody coming from antichoice states, have accessible low cost care and also housing, childcare, all of the other needs associated with abortions. But would really like to understand sort of what's

preventing just broader outreach at such a critical juncture.

DR. MICHELLE MORSE: And thank you for the question. We completely agree with you that access to information around fertility care has to be accessible for New Yorkers who need it. From the Health Departments perspective, we you know definitely agree with the intent there. I think the real question on our end is kind of whose best placed to do that education. From our perspective, part of the reason we focus on abortion care is because it is really a population level area of focus. It's a public health area focus.

Fertility care, although incredibly important, is a much more narrow population then a lot of the other work that we do and although again it's quite important to many New Yorkers and essential for many New Yorkers, we really do focus on the population level you know citywide kinds of public health concerns. Whereas fertility care is much more of a subspecialist led area of work, even in education.

COUNCIL MEMBER HANIF: Totally, I recognize that. Well, we'll just push that. I think we all know that fertility treatments and discussions around

reproductive health are increasingly popular and our city needs to lead in that effort. So, I'd love to continue the discussion and looking forward to the new Administrations support on this bill.

DR. MICHELLE MORSE: Thank you.

COUNCIL MEMBER HANIF: Thank you.

CHAIRPERSON SCHULMAN: Thank you Council Member. I'm going to ask you a couple questions about Intro. 1399, the blood glucose test strips. Uhm, does DOHMH or any other city agency currently provide test strips at no cost to New Yorkers in high need areas?

DR. MICHELLE MORSE: Thank you for the question. We do not currently provide test strips and as a practicing interim medicine doctor, I take care of patients with diabetes all the time at Kings County. It is a very, very common challenge. The test strips alone, are really one small part of comprehensive diabetes care and we at the Health Department, are not the primary care delivery mechanism or space for diabetes care across the city.

CHAIRPERSON SCHULMAN: Would no cost access to test strips help the city made it's Healthy NYC goal and the goals of the diabetes reduction plan to

reduce the incidents and mortality rate of Type 2 diabetes?

DR. MICHELLE MORSE: We have proposed a number of different interventions that we see as the best and most evidence based you know population health level interventions for reducing incidents and prevalence of diabetes. Those are outlined in our chronic disease inequities report, as well as the report you mentioned. We do not see this particular intervention around test strips as one of the most high yield interventions to address diabetes. We do have suggestions about things like guaranteed income for example, things like making sure that healthcare organizations for example, have low barrier access to diabetes screening and care. And we certainly see the need for ongoing investments in diabetes care. In fact, we as a part of Healthy NYC, our leading, a learning collaborative on improving diabetes care as well.

However, the test strips specifically are a part, one small part, I would say of comprehensive care and are not the intervention that we would recommend in those reports.

CHAIRPERSON SCHULMAN: So, you would feel the same about glucometers?

DR. MICHELLE MORSE: Again, incredibly important and have to be a part of broader comprehensive diabetes care in the healthcare delivery space.

CHAIRPERSON SCHULMAN: Because we at one point, we were considering doing that for you know a pilot and so, maybe we can talk about that and if we give the money for that and see how – like you have the no stress zone, we can have a little zone maybe where people like –

DR. MICHELLE MORSE: We'd be happy to talk more with Council about that but again, really are looking at existing evidence based interventions that have evidence of impact.

CHAIRPERSON SCHULMAN: Okay. Let's see. Uhm, I'm curious, I know you said that you had some concerns about Intro. 1465, which is the sodium warning. What's your biggest concern about that? It's the red and white triangle as opposed to something else or a warning or?

DR. MICHELLE MORSE: Also, fully agree with the intent here. We know that the more salt you consume, the worse it is for your health quite frankly.

However, the you know evidence, the clear, there's a very clear body of evidence on this particular area of health policy work and kind of chronic disease prevention work and it really does show that it's this 2,300 milligram target that above that target is where people really need to know this is a problem.

CHAIRPERSON SCHULMAN: Okay.

DR. MICHELLE MORSE: The law that Council implemented, passed and implemented in 2015, a partnership with us, really was a huge step forward. It was the first of its kind in the whole entire country and really was a huge leap forward. And so, that was, that's wonderful work. There is no body of evidence that suggests a lower sodium – a warning at 1,800 milligrams.

CHAIRPERSON SCHULMAN: Understood, so we yeah, I mean, we can always negotiate that out and all of that. No, I agree. So, okay that's all the questions that I have for you and we really appreciate you taking the time and coming here in person. It's always appreciated and the work you do is very much appreciated and we look forward to – what? You have one? Oh, before you do that, oh, actually I had one question. When you said, the ACA,

that 800,000, was that New York City or New York State?

DR. MICHELLE MORSE: That's for the city.

CHAIRPERSON SCHULMAN: The city?

DR. MICHELLE MORSE: Hmm, hmm. That's a combination of both the ACA subsidies, work requirements, six month eligibility and a number of other interventions as well, including – that also includes essential plan.

CHAIRPERSON SCHULMAN: Over what time period?

DR. MICHELLE MORSE: We can follow up with you on that.

CHAIRPERSON SCHULMAN: Please, okay thank you. She had one further question.

COUNCIL MEMBER NARCISSE: In terms of the alcohol, we were talking about, because a lot of folks don't see wine as being alcohol. So, should we be focusing on the content of the percentage of the alcohol in the drink? At least, if you do five glasses, you do two bottles, that comes up to a real amount of alcohol. Because I know people just will drink the whole bottle. They think oh, it's just wine and that we need to have that conversation for

people not thinking that wine is totally okay if you're doing ten glasses.

DR. MICHELLE MORSE: Absolutely, I think there is lots more education we can do and marketing, you know fighting the marketing campaigns of the current alcohol industry practices would be very meaningful but yes, you're right. A lot of the education that we currently do is about quantity in addition to the type of alcohol, so yes both matter.

COUNCIL MEMBER NARCISSE: Yeah and then for the vaping, I think we should be doing a little more action around our youth in school, partner with DOE, trying to get our children to understand – children – young folks to understand the importance of staying away from those. These are a constrictor; they lead to a lot of other risks that you may have and eventually cancer and more.

DR. MICHELLE MORSE: Absolutely agree with you. We do - do some of that and then we also you know the 18 to 24 year old group is the group that has the highest rate of vapes, so they are out of school, in college and we actually have a program engaging university students to decrease vapes as well.

COUNCIL MEMBER NARCISSE: Yes, thank you. Thank you for your time, I appreciate it.

CHAIRPERSON SCHULMAN: Thank you. Uhm, alright, thank you very much, we appreciate it.

PANEL: Thank you.

CHAIRPERSON SCHULMAN: So, and we look forward to doing more stuff but I just in closing one, Healthy NYC is a great initiative. There's been a lot of progress with it. I want to thank everyone, not just you Commissioner but the whole entire staff of the Health Department for all the work they do plus they've been working at you know with getting funds taken away, all kinds of stuff. We look forward to doing some funding and also trying to get Article 6 back. So, we're going to work on that again. Uhm but also look into the CompStat because I think that that's something that would be unique that we could do.

DR. MICHELLE MORSE: Thank you for that and especially thank you for Article 6 and yes, the Health Department staff are heroes, public health heroes in action. So, thank you for everything you do in partnership with us.

CHAIRPERSON SCHULMAN: Okay, great.

DR. MICHELLE MORSE: Happy holidays.

CHAIRPERSON SCHULMAN: Happy holidays, yes I'm sorry.

DR. MICHELLE MORSE: Thank you.

CHAIRPERSON SCHULMAN: And by the way, I also want to make a comment that even though there weren't a lot of members here from the Health Committee, it's recorded and uhm, the staff goes through the materials. I go through the materials so, we're letting them go. You can still read your statement but they're going to leave.

If you want to read your statement you can. You sure? Okay.

Okay, I now open the hearing for public testimony. I want to remind members of the public that this is a government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times. The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

For the members of the public, may not present audio or video recordings as testimony but may submit transcripts of such recordings to the Sergeant at

Arms for inclusion in the hearing record. If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's oversight topic and the legislation being considered. If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

I also want to acknowledge we've been joined by Council Member Feliz. Uhm, the first person to come up is Dr. Vanessa Salcedo. Okay. Oh, we called you up. No, don't be, don't be, don't be. Okay, you have two minutes to speak on today's oversight topic and the legislation being considered. Go ahead.

DR. VANESSA SALCEDO: Good afternoon and thank you for the opportunity to have me speak Chairwoman and Council Members of the Committee. I am here in support of Intro. 1465. Just to tell you about myself, I'm Dr. Vanessa Salcedo. I am VP of Pediatrics and Health Promotion at Union Community

Health Center in the Bronx, in the Tremont area that Dr. Morse was talking about that has the greatest impact and worse outcomes of the Bronx and New York City.

Union Community Health Center is a federally health qualified center that serves over 40,000 patients with over 200,000 visits annually and as a pediatrician, uhm, I see over 60 percent of my patients that are obese and showing signs of early hypertension and metabolic disease.

And these are youth. This is something that never was seen before. Now we have to worry about hypertension, fatty liver disease, diabetes in adolescence and pre-teens. Uhm, and this driver is we know is the environment and our families are confused. They don't know what to do. I work with the initiatives in counseling them one on one but we also have group nutrition programs and really because of the predatory marketing and as you mentioned, hidden sugar, hidden sodium, they're really confused in what to do. So, I really support this legislation because of the fact that it starts the conversation. It starts the transparency for sodium that we know is – causes increases the risk of hypertension, which is

a hidden – a silent killer in our community and in the Bronx.

So, as a pediatrician, I want to – and someone who focuses on health promotion for families, this would benefit our communities with the highest burden of chronic disease in the Bronx, which has the highest burden of chronic diseases. And so, I respectfully urge the Council to pass 1465 for my patients, their families. It's not a small policy change. This is something that's going to make a big impact in our community towards healthier and equitable New York City. Thank you.

CHAIRPERSON SCHULMAN: Thank you. Do you have questions?

COUNCIL MEMBER FELIZ: Thank you so much for being here. Good to see you. Thank you for all the work you do in the field of health and specifically in the Bronx and more specifically in my district. Uh, yeah so a few brief questions. You serve a vulnerable, a very vulnerable community including neighborhoods at Fordham Road, Tremont. These are some of the poorest zip codes in the entire city. And also, a borough that continues to rank last in terms of health outcomes, 62 out of 62 counties. I

think we have 5 to 10 years back to back scoring last. So, just curious, considering all the health issues that you come across when dealing with patients and helping local residents, where would you say causes related to high sodium ranks in terms of all the effects that you see and all the health problems?

DR. VANESSA SALCEDO: You know, it's a multi-variable you know disease, so it's hard to say where it ranks but we know that heart disease is the number one killer in our communities and sodium is highly related to -correlated to hypertension. So, we know that it is playing a big factor and the fact that our communities don't think about it too much. They don't think about the sodium. They don't think about the hidden sugars. So, I would say as Chairwoman pointed out earlier today, I think these are two very important issues that we need to start putting at the top of our agenda when it comes to addressing chronic diseases.

COUNCIL MEMBER FELIZ: Hmm, okay and also the second question, I've always said and this is something for all of us to think about as we talk about this issue, I've always said, having a warning

that no one understands is the same thing as having no warning. You could have a million great warnings, very important lifesaving warnings, if nobody understands them, it's the same effect as having no warning.

So, just curious and of course and I know none of us have done research on this but if you were to take your own super rough guess, what percentage of people consuming – let's say it is a high sodium meal in McDonalds or Wendy's, if someone sees this sign here, if you were to guess who would – what percentage of people would know what this means if you were to guess?

DR. VANESSA SALCEDO: 95.

COUNCIL MEMBER FELIZ: 95 percent of people would know or wouldn't?

DR. VANESSA SALCEDO: Would. Would know that it means high sodium.

COUNCIL MEMBER FELIZ: Hmm, got it, okay cool, cool, sounds good. Thanks.

DR. VANESSA SALCEDO: I, I, I do believe that our patients are starting to learn more and be curious about the sugar and the salt intakes of the food that they eat and are paying more attention to it but they

just don't know how to approach a lot of the education and read labels. I mean if you look at the back of a label, it's still very confusing. So, having pictures, having teaspoons for sugar. Uhm, these are the things that you know advocates in the pediatric community and in the physician community across the board, we've been promoting for many years now. So, a simple picture, low literacy, health literacy, visuals, is always at the top for understanding and education.

COUNCIL MEMBER FELIZ: Hmm, got it and if we change the icon or if on top of adding this, we added red capitalized text saying high sodium, do you think that will help with the education?

DR. VANESSA SALCEDO: Yeah of course. Yes.

COUNCIL MEMBER FELIZ: Got it. Oh cool.

DR. VANESSA SALCEDO: That is the key for this, so sodium plus colors. You know pictures and colors is also like we do similar in pediatrics. The green light, uhm, excuse me the stop light. Uhm, stop light, education, so red, green, yellow, and there is a ton of evidence on making color related to food as this is not food that you should not consume, be cautious or consume and there's a lot of evidence

around that in obesity prevention in both pediatrics and adults work.

COUNCIL MEMBER FELIZ: Okay, cool. Thanks.

CHAIRPERSON SCHULMAN: Yeah, I have a couple of questions. One is the Health Commissioner said the warning should actually be for 2,300 milligrams, not 1,800 because 1,800 doesn't really trigger anything. So, I wanted to see what you had to say about that.

DR. VANESSA SALCEDO: So, I would you know agree with the Commissioner. Uhm, but –

CHAIRPERSON SCHULMAN: Because if you're putting a warning it's like over above yeah.

DR. VANESSA SALCEDO: Right, if you're putting a warning. So, like you said, this is something negotiable. I would talk to my nephrology friends a little bit more about it. Then to see what they would believe that would be good in prevention. You know uh, I am more of the person, I understand Dr. Morse concerned of saying 20. You know we really want to say that this specific number is what we look for but I think asking the experts is the best way to do it because as a physician, I always tend to be a little more conservative because if you tell your patient one thing, they're not going to do it. So,

you could try to be a little conservative. So, there's definitely a debate around that.

CHAIRPERSON SCHULMAN: And my other question is when there are some products that say they have zero salt but that doesn't mean they have zero sodium, is that correct? Can you –

DR. VANESSA SALCEDO: Uhm, I'm not too familiar with that. I apologize.

CHAIRPERSON SCHULMAN: Okay, okay, alright. No thank you very much for coming in and for waiting.

DR. VANESSA SALCEDO: No, no, no and I appreciate it and this is a very important issue for my community and I'm happy to take the day off from seeing patients and to advocate for our community and the important work that you all are doing. Thank you so much.

CHAIRPERSON SCHULMAN: We appreciate the work that you do, so thank you.

DR. VANESSA SALCEDO: Thank you.

CHAIRPERSON SCHULMAN: Yeah, so we will now move to virtual testimony. Please wait for your name to be called to testify and please select unmute when promoted. Jacob Zychick from the American Heart Association.

I want to remind you - you have two minutes to speak on today's oversight topic and the legislation being considered.

JACOB ZYCHICK: Hello Chair Schulman and all the members of the Committee on Health. On behalf of the American Heart Association, thank you for the opportunity to provide testimony on the status of Healthy NYC and Intro 1465. The American Heart Association is a Healthy NYC champion committed to designing new evidence-based programming, enhancing existing programming, and integrating recommended actions to address cardiovascular disease.

We look forward to the next four years and we are supportive of the following public policy and budget appropriations that will help Healthy NYC reach its goals. First, to improve healthy food access. The American Heart Association is committed and supportive of further expansion of healthy food purchases through incentives and produce prescription programs and discounts. New Yorkers using the Health Bucks incentives report higher fruit and vegetable consumption the longer they participate in the program. They also report consuming more vegetables and fruits per day than the average New Yorker.

We'd also like to remove barriers to improve hypertension. As of 2019, 2.5 million adults, or 31 percent of New Yorkers, report having high blood pressure. Only 47 percent of those diagnosed with high blood pressure are under control. The American Heart Association supports the need for local public funding make at-home blood pressure machines available at no cost to the public at federally qualified health centers in 5 high-needs areas, a law and legislation that was championed by Council Member Narcisse.

Lastly, to end the use of tobacco and e-cigarettes. The tobacco industry continues to target New Yorkers by spending $162 million annually on their deadly and addictive products. Every dollar spent on tobacco marketing is a dollar invested in shortening lives in the very neighborhoods you are working to uplift.

The American Heart Association is supportive of efforts that expand access to community-led tobacco prevention, cessation, and education efforts. In addition, we have worked closely with national and local organizations to support efforts that restrict the sale of menthol cigarettes. Intro 1465 would

modify the sodium warning labels at chain restaurants.

Approximately 90 percent of people living in the United States consume too much sodium.

CHAIRPERSON SCHULMAN: I'm just going to ask you to wrap up and to send your testimony to us but go ahead.

JACOB ZYCHICK: Definitely. The American Heart Association recommends that if New York City is looking to reduce the amount of milligrams that triggers a sodium warning label, to reduce it from 1,800 to 1,500 mg, as that is the optimal cardiovascular health per day. Thank you so much for the opportunity to provide testimony today.

CHAIRPERSON SCHULMAN: Before you go, Council Member Feliz has a question for you.

JACOB ZYCHICK: Yes.

COUNCIL MEMBER FELIZ: Yeah, thank you so much for your testimony and thank you for all the work you do on issues of health. I'll ask you the same question. So, New York City requires that high sodium meals have that warning. I'm sure you've seen it a billion times throughout your work in this field. It requires the triangle icon with the salt

shaker in the middle. We have some regions such as Philadelphia that have in my opinion more clear warnings. For example, high sodium in red capitalized bold letters. Would you say changing or adding that additional requirement such as high sodium in red text would help people understand the warning?

JACOB ZYCHICK: Yes.

COUNCIL MEMBER FELIZ: And also do you think people properly understand the triangle?

JACOB ZYCHICK: We believe that there has been a lot of great education being done around the implementation of this law. We would be supportive of additional you know information that is included on the menu to help empower and educate consumers to make healthier choices. And we'd like to work closely with Department of Health and other stakeholders and city leaders to make sure that that information is you know, being educated to communities but definitely supportive of additional warnings for consumers.

COUNCIL MEMBER FELIZ: Cool, thank you.

CHAIRPERSON SCHULMAN: Okay, thank you very much. We really appreciate it and appreciate the work that you guys do. Now, we have Nomiki Konst.

NOMIKI KONST: Hi there. Can you hear me?

SERGEANT AT ARMS: Yeah, we can hear you.

CHAIRPERSON SCHULMAN: Yeah, you have two minutes, go ahead.

NOMIKI KONST: So, I'm here to talk about the IBF bill that has just been presented as citizen of New York and somebody who has dealt with a tremendous amount of cost related to IBF. I have endometriosis and most women who have endometriosis, cannot be diagnosed until they go through an extensive laparoscopy surgery and an incision surgery to know what their diagnosis is, to see what sort of lesions they may have on their uterus or ovaries or anywhere else. One in six women have endometriosis. It's projected and the treatments and the money that go into it are very limited and that's just basically due to our health system.

But often what comes with endometriosis and PCOS and other issues, just how more women are having children at a later age and that fertility issues are equally you know it's 50/50. Men have just as many

fertility issues as women do but what comes with this is the need to do IVF and I have gone through six rounds of IVF and I have also experienced the laparoscopic surgery and even with our stronger health system in New York City, and obviously these crises that we're facing right now with the ACA, I was still forced to do my IVF abroad because one round of egg freezing not including storage, would have cost me $30,000. One you know going into meet with the endometriosis specialist, just to meet with him cost me $1,000.

So, I had to decided to do my treatment abroad, so like so many other American women are doing now with couples and without couples, because the treatments are just much cheaper. The pharmaceuticals are cheaper. The surgeries are cheaper. Five rounds of treatment cost what one round of treatment would cost here in New York City.

So, I think that this bill is progress. I highly support it and if I can help anybody in any way, I have access to plenty of information. I am on the boards of different organizations related to endometriosis and I'm happy to talk about my experience in more depth because I know there are

many people who are going through this right now with fertility issues and I think that New York City should be taking a stand.

SERGEANT AT ARMS: Time expired.

NOMIKI KONST: On IVF issues.

CHAIRPERSON SCHULMAN: Yeah, I would encourage you if you want to submit testimony, you're allowed to. You can do that up to 72 hours after the close of this hearing. You can send it to testimony@council.nyc.gov and you can put in as much detail as you want and the Committee staff does go through all of that material with us, so.

NOMIKI KONST: Thank you so much Council Member.

CHAIRPERSON SCHULMAN: One sec. Oh, are you testifying on behalf; there were two. There was an Intro. by Council Member Hanif and then there was a Resolution by Council Member Morano.

NOMIKI KONST: Morano.

CHAIRPERSON SCHULMAN: Morano, okay. Thank you very much.

Okay, thank you to everyone who testified. If there is anyone present in the room or on Zoom that that has not had the opportunity to testify, please raise your hand. Seeing no one else, I would like to

note that written testimony, which will be reviewed in full by Committee Staff may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. And with that, I close out today's hearing and Happy Holidays everyone. [GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date January 12, 2026