



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Ashwin Vasan, MD, PhD
Commissioner

Testimony

of

Celia Quinn, MD, MPH
Deputy Commissioner of Disease Control
New York City Department of Health and Mental Hygiene

before the

New York City Council
Committee on Health and Subcommittee on COVID & Infectious Diseases

on

Addressing the Decline in Childhood Vaccination Rates

February 29, 2024
New York, NY

Good afternoon, Chairs Schulman and Moya, and members of the Committee on Health and the Subcommittee on COVID & Infectious Diseases. My name is Dr. Celia Quinn and I am the Deputy Commissioner for Disease Control at the New York City Department of Health and Mental Hygiene (the Health Department). I am pleased to be here to discuss the important topic of childhood vaccination. As a pediatrician and parent of school-age children myself, I have special appreciation for the critical role of vaccination to childhood, family, and community health.

Today we will be discussing a number of vaccines, all of which are safe and effective. In the United States, vaccine recommendations are driven by the Advisory Committee on Immunization Practices (ACIP)—a committee of medical and public health experts charged with providing guidance on vaccination for the country. There are more than ten different types of vaccines recommended for children in their first two years of life, most of which require a series of two or more doses to provide complete protection. This includes vaccinations that protect against hepatitis B, rotavirus, diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, *Haemophilus influenzae* type b, varicella, and pneumococcal infection. It is important for children to get these vaccines according to the ACIP-recommended schedule so they start building protection when they are young and most vulnerable. As kids grow older, additional vaccines are recommended, including vaccinations that protect against meningococcal infection and human papillomavirus, or HPV. In addition, all children 6 months or older should get their annual flu shot and any updated COVID-19 vaccine recommended by ACIP.

The Health Department has robust vaccination programming to help children get the vaccinations they need to stay healthy and prevent or limit the spread of infectious diseases in our communities. Our work focuses in four areas: reporting and surveillance, education and outreach, vaccine access, and compliance with school and child care vaccination requirements.

Reporting and surveillance allow us to identify populations at higher risk for vaccine-preventable disease and guide our education, outreach, and vaccine access programming. Required disease reporting by laboratories and health care providers enables us to quickly identify and respond to cases or outbreaks of vaccine-preventable disease and reduce the risk of spread. We use surveillance data in a variety of programming, including our perinatal hepatitis B program, which provides case management for pregnant and post-partum people with hepatitis B to ensure that their exposed newborns get appropriate vaccinations and other follow-up care.

Providers in NYC are required to report all vaccines administered to children 18 years of age and younger to the Health Department's Citywide Immunization Registry, or CIR. With their consent, immunizations administered to adults may be reported as well. The CIR is central to almost all of our vaccination programming. Reporting enables us to estimate vaccination coverage within different groups; we use characteristics such as age, race and ethnicity, and neighborhood of residence to identify coverage gaps and address inequities through targeted outreach and improving vaccine access.

The CIR also provides real-time clinical decision support to providers so they know when a child is due for a vaccine, which is important given the complexity of the childhood vaccination schedule. Providers can also pull vaccination coverage reports for their practice, and use CIR

tools to send text messages to patients. The CIR further serves as a platform for providers who participate in our vaccine access programs to order vaccines and monitor their stock. Finally, the CIR enables people to access their and their minor children's vaccination records through the city's My Vaccine Records website.

The Health Department works hard to educate New Yorkers on the importance of vaccination. For example, we run an annual Back to School multi-media campaign, highlighting the safety of vaccines and reminding parents of school vaccination requirements. The Fall 2023 campaign "I Vax, We Vax, Get Vaxxed" urged all New Yorkers, including children, to get their updated COVID-19 and flu vaccines by sharing reasons why these vaccines are so important. This campaign ran on television, radio, digital channels, newspapers, subway digital liveboards, and the Staten Island Ferry. We also work with NYC public schools on letters to parents about vaccination recommendations and requirements. To quickly reach a large number of New Yorkers, we send text message blasts, such as when COVID-19 vaccines became available to children and to remind people when they or their child may be due for another dose.

While these efforts are important, we recognize that health care providers are the best and most trusted vaccine messengers. A provider recommendation is the single most important factor in vaccination decisions. For this reason, we have extensive provider education programming, including webinars, monthly provider office hours, dear colleague letters, and guidance documents. The topics we cover are diverse, from vaccine ordering and administration to building vaccine confidence. Since the fall of 2023, we have been working hard to ensure providers are aware of the new RSV vaccine for pregnant people and a new monoclonal antibody, both of which protect infants against RSV.

Another area of focus is HPV. We are proud of our HPV provider toolkit, launched in 2017 and updated last year. The toolkit includes online education and webinar trainings, information on how to talk to parents about the HPV vaccine, and patient handouts. We also visit individual provider practices to develop customized strategies that address gaps in their HPV vaccination coverage. I want to take this opportunity to remind New Yorkers that the HPV vaccine is life-saving and every child should get all recommended doses of the vaccine, which has been shown to be highly effective at protecting against cancers caused by HPV, including cervical cancer. Unfortunately, HPV immunization rates have plateaued, and more than half of New York City adolescents are not fully protected against HPV by the age of 13, as recommended by ACIP. Council Members, I would like to enlist your support in driving up our HPV vaccination coverage rates so that we can eliminate HPV-causing cancers as a public health threat.

The Health Department works to ensure that everyone in our city has access to vaccines. For children in particular, the best place to get vaccinated is with their primary care provider. Having regular check-ups with a pediatrician in the first few years of life is vital for children's overall health and wellbeing. For this reason, the Vaccines for Children program is central to our childhood vaccination efforts. The Health Department administers this federally-funded program, which provides vaccines to pediatric and family practices at no cost for eligible children. The approximately 1,300 participating providers across the city administer millions of free vaccines to children every year. Vaccines are also available at the city's school-based health centers, NYC Health + Hospitals sites, and at the Health Department's Immunization Clinic in

Brooklyn, regardless of immigration status or ability to pay. People needing help finding a vaccination site for their child can call 311 and, for COVID-19 and flu, visit the city's Vaccine Finder website.

Finally, the Health Department works with parents, providers, and NYC schools on compliance with child care and school immunization requirements. This includes conducting audits of immunization records at a sample of schools, encouraging schools to complete the New York State immunization compliance survey, providing guidance to school staff on requirements, and tracking compliance and sharing data. Health Department physicians also review every immunization medical exemption request. Religious exemptions are not allowed in New York State. Currently, 95% of students attending public and charter schools in grades Pre-K through 12 are in compliance with immunization requirements. We are working closely with NYC public schools, providers, and parents to bring up that number to ensure our students and schools remain safe.

Despite all of this work, we have still not returned to pre-pandemic levels of vaccination coverage in children. Vaccination rates declined during the pandemic as people put off routine and preventative health care visits, students were disconnected from school-based health centers, and schools switched to remote learning. Vaccine hesitance, vaccine fatigue, and misinformation about vaccines have also been associated with the pandemic. These declines in vaccination rates have been observed throughout the United States. While vaccination rates have mostly recovered from that initial drop, we still see the effects of the pandemic today. Vaccination rates are down approximately 2 to 16 percentage points compared with 2019 depending on vaccine and age group. We continue to see concerning delays in vaccination, with parents waiting until children enter day care, school, or camp to get their children vaccinated. While we are concerned by these decreases, we are confident the city can return to high levels of vaccine coverage through our extensive vaccination programming and with the support of City Council and other community leaders. We urge parents to check in with their child's health care provider to make sure kids are up to date on their vaccines to protect their and their family's health and the health of their community.

Thank you for the opportunity to discuss the important topic of childhood vaccination. I look forward to answering your questions.



BRONX BOROUGH PRESIDENT VANESSA L. GIBSON

**Testimony of Bronx Borough President Vanessa L. Gibson
New York City Council Committee on Health
Oversight: Addressing the Decline in Childhood Vaccination Rates
February 29, 2024**

Good afternoon and thank you to Chair Schulman and the members of the Health Committee for convening this hearing to discuss this important issue. The decline in recent years in vaccination rates among children is a troubling sign for the future of our public health efforts in the city, and it is an area that requires robust intervention by our local government and community partners.

The decline in vaccination rates is occurring nationally as well as right here in New York City. According to the CDC, vaccination rates for major childhood diseases such as measles, whooping cough, and chickenpox fell from 95% to 93% between 2020 and 2023. While this may not seem like a big decline, falling below 95% increases the risk for outbreaks. Here in New York, we saw a measles outbreak in 2019 that sickened 649 people, most of whom were small children. Outbreaks like this are increasingly likely in the future, if we do not improve vaccination rates.

However, we know that vaccination efforts work. After the measles outbreak in 2019, there was a strong effort by the state and city to vaccinate more children. This resulted in there being zero reported measles cases in 2020 or 2021.

The COVID-19 pandemic played a large role in the drop of the childhood vaccine rate, for several reasons. First, with people staying home as much as possible, many young children missed their routine pediatric appointments, where they would have been immunized. Too many of these children have still not been back to the doctor since the pandemic. We must make more of a concerted effort to undo the effects that the shutdown had on people's ability and willingness to access routine healthcare services.

Secondly, the pandemic has resulted in increased mistrust of the healthcare system. When people do not feel that the system is responsive to their needs, they are less likely to engage and get the care they need. Many residents of The Bronx were already mistrustful of the healthcare system, having had negative experiences including poor outcomes, institutional racism and sexism, and an overall lack of respect. This mistrust must be addressed and rectified if the decline in vaccine uptake is to be reversed.

Additionally, during the pandemic, we saw these same factors at play, with Bronx residents less likely to get the COVID-19 vaccine. The city engaged in a wide campaign to get more people vaccinated for COVID, and something similar must be done to get these routine vaccinations to the children who need them.

These issues particularly impact The Bronx in several ways. We know that there is a disparity in who gets vaccines. People with insurance through Medicaid, Black and Latino people, and low-income people are all less likely to access routine care, and their children are less likely to have received all the required vaccinations on time. This disparity is leading to worse outcomes for Bronx residents, and we must do more to build bridges into these communities to encourage vaccination.

The city's outreach must be made more culturally responsive. Residents need to be met where they are and be convinced of the need for vaccination. We must work with credible messengers in communities, importantly including faith leaders, to bring this important information to the people whose children have the greatest need. The outreach must be conducted in the languages that the residents speak. It does not do any good if the people most at-risk are unable to access the information.

The city must also increase its outreach among the migrants and asylum seekers that are coming to our city. They are at increased risk of acquiring infectious diseases, and everyone at risk – both adults and children – must be up to date with their vaccines. The city has already begun a strong outreach effort to migrant parents, helping them to get their school-aged children vaccinated, and these efforts should be continued and expanded.

The city must directly combat the misinformation that spreads in our communities, including the misinformation that proliferates online. Misinformation can only be combatted with correct information. This information must be spread in multiple languages to reach everyone in our city. Allowing this misinformation to spread unchecked has resulted in fewer people getting the vaccines that are necessary to protect their health.

It will take a holistic effort to bring the vaccination rates back up to where they need to be. We must work with all our community partners to bring this message into local neighborhoods. The city must be culturally responsive and work with credible messengers that can reach hesitant community members. This is important work, but it is crucial to protect the well-being of our city's children.



MANHATTAN | 1010 Avenue of the Americas, Suite 301, New York, NY 10018
tel: 212.674.2300 fax: 212.254.5953 vp: 646.350.2681

QUEENS | 80-02 Kew Gardens Road, Suite 400, Kew Gardens, NY 11415
tel: 646.442.1520 fax: 357.561.4883

www.cidny.org

Testimony Addressing the Decline in Childhood Vaccination Rates

February 29, 2024

To the Committee on Health and the Subcommittee on COVID and Infectious Diseases:

My name is Molly Senack, and I am testifying today on behalf of the Center for Independence of the Disabled, New York (CIDNY) as their Education and Employment Community Organizer. This testimony is supported by Sharon McLennon Wier, Ph.D., MEd., CRC, LMHC, Executive Director of CIDNY.

In 2023, the Centers for Disease Control (CDC) reported that vaccination coverage for almost all of the main diseases children are immunized against (including measles, mumps, rubella, polio, human papillomavirus (HPV), hepatitis A and B, tetanus, and diphtheria) had declined in most states among kindergartners for the 2021-2022 school year compared to the previous year, when coverage was still below pre-pandemic levels. They estimate that the decline in MMR vaccines alone (which protects against measles, mumps, and rubella) translates to roughly 250,000 kindergartners left vulnerable to diseases that have been widely considered eradicated.

Numbers that high compromise herd immunity, which creates a dual problem regarding disability and the student body: 1) Students who have a disability that prevents them from being vaccinated (e.g. a compromised immune system) have diminished protection against diseases that can cause them irreversible harm. 2) The reasons vaccinating against certain diseases became standard was because those diseases had the potential to cause permanent disability. For instance, polio paralyzed thousands of children a year in the 20th century before the discovery and widespread administration of its vaccine eradicated it in the United States. In 2022, it came back, forcing a generation of parents to consider an issue that had been mitigated two generations earlier.

Over the last four years, quarantining and staffing shortages caused disruptions, and, in many cases, long delays in well-child medical visits, which is when many vaccines would have been administered. A 2022 report published in *Preventative Medicine* (Teasdale et al) revealed that 41% of parents reported their youngest child had missed a routine medical visit in the year leading up to March of 2021. In addition, the increased politicization of vaccines and spread of misinformation (and disinformation) about associated health concerns have meant an increase in vaccine hesitancy. In many states, parents have successfully lobbied for less stringent vaccine requirements in schools, asking for more nonmedical exemptions, and unfortunately for children, who don't have a choice in the matter, often having them granted.

New York is not one of those states. That same CDC report that showed a nationwide decline in vaccination rates among kindergartners showed that New York actually has one of the highest vaccination rates in the US. During the 2021-2022 school year, 99.5% of kindergartners were vaccinated. New York also has one of the nation's lowest vaccine exemption rates for school enrollment (.1%) and does not offer nonmedical exemptions for factors like religious beliefs.

However, complacency is dangerous. In 2019, when measles returned to the United States after being officially declared eliminated in 2000 by the CDC, two outbreaks in New York State and New York City accounted for 75% of the 1,249 reported cases in the country. In NYS, the median age of those infected was five years old; in NYC, it was four. Both outbreaks came down to three essential factors: a high-density and socially closed off community, clusters of low vaccination coverage within that community, and unvaccinated persons from that community traveling back from abroad.

New York, both City and State, responded swiftly, with heightened efforts to administer vaccines, community education, and partnerships with local leaders, health centers, and advocacy organizations. These curative measures were successful, and the outbreaks were contained.

Yet vaccine infrastructure should be as inherently preventative of disaster as vaccines themselves. No population as a whole is invulnerable to sickness, and the danger of losing herd immunity is always a little closer than we think. If and when that happens, the results could be catastrophic, especially for students with disabilities like chronic illness or severely compromised immune systems, which make contracting preventable diseases easier and also deadlier.

New York State has some of the strictest vaccine requirements needed for school enrollment in the country. But those requirements are only effective if the barriers to fulfilling them don't become significant enough to supersede their importance. To lower this risk, NYC should be taking initiatives to remove as many barriers to vaccine accessibility as possible. Students from immigrant families, from low-income families, and who live in temporary housing all face additional barriers in navigating the process of fulfilling vaccine requirements. NYC can help remove these barriers through vaccine reimbursement programs, through better access to information (in multiple languages), and stronger partnerships with community organizations that might be able to provide additional aid. Partnerships with community organizations were effective during the 2019 measles outbreak, but NYC is currently cutting funding for community schools that provide these connections. NYC is also currently cutting funding for school nurses, whereas increasing this funding (or just simply not cutting it) could mean more access to in-school vaccinations, removing barriers for those who face difficulties receiving them elsewhere.

In many ways, New York has been an outlier in the nationwide trend of vaccination decline since the onset of the COVID-19 pandemic, but there is no guarantee it will stay that way. Emphasis needs to be placed on preventative measures to make sure vaccines don't become inaccessible. Otherwise, we are collectively risking the health of our students, both those who are currently disabled and those who could become so by contracting a disease known to be preventable.

Thank you for your time and your consideration.

Sincerely,

Molly Senack (She/Her)
Education and Employment Community Organizer
Center for Independence of the Disabled, New York
Email: msenack@cidny.org Phone: (917)-415-3154



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**NYC Council Subcommittee on COVID and Infectious Diseases & Committee on Health
Public Hearing: Oversight – Addressing the Decline in Childhood Vaccination Rates
February 29, 2024**

Background

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to provide written testimony to the NYC Council Subcommittee on COVID and Infectious Diseases and Committee on Health on Oversight – Addressing the Decline in Childhood Vaccination Rates. CHCANYS is the statewide primary care association representing New York’s 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Serving as New York’s healthcare safety net, CHCs provide high quality primary and preventive care regardless of ability to pay, insurance coverage, or immigration status. NYC CHCs serve more than 1.2 million patients at 490 sites across the city. Among NYC CHC patients – 93% live below 200% of the Federal poverty level, 83% are Black, Indigenous, or People of Color (BIPOC), 30% speak limited or no English, 12% are uninsured, 5% are unhoused and nearly 71% are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. All CHCs provide robust enrollment assistance to patients, but while CHCs don’t track immigration status, it is highly likely that many uninsured patients may be ineligible for coverage due to their immigration status, including asylum seekers.

Community health centers play an instrumental role in enabling equitable access to vaccines, increasing vaccination rates, and mitigating distrust towards vaccines. Subsequently, CHCANYS respectfully requests the NYC Council ensure NYC CHCs are included in strategies and initiatives in addressing the decline in childhood vaccination rates.

I. Community health centers are the key to bridging disparities in vaccine access

Vaccination rates have declined nationwide since the onset of the COVID-19 pandemic, attributed to factors such as vaccine misinformation, distrust, and logistical challenges such as lack of transportation or inability to take time off work. Data from the Health Center Program Uniform Data System (UDS) revealed that CHCs were not exempt from this trend of declining childhood immunizations. According to UDS, NYS CHCs’ childhood immunization rates¹ steadily decreased from 46% in 2018 to 31% in 2022. Even so, CHCs have excelled in providing equitable access to and administering vaccines, particularly in low-income, medically underserved, and communities of color. Research shows that by July 2021, 40% of COVID vaccines were administered to people of color in the general US population, but CHCs administered 61.4% of their COVID vaccines to people of color.² This is unsurprising given that CHCs are intentionally situated in underserved communities throughout NYC and serve as trusted community pillars. This makes CHCs essential in initiatives aimed at increasing childhood vaccination rates. CHCs enhance equitable vaccine access by conducting targeted outreach efforts, offering flexible mobile and pop-up clinics with extended hours, and delivering culturally competent care. Many NYC CHCs also

¹ Defined as the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

²https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787771?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamanetworkopen.2021.42698



operate school-based health centers (SBHCs), which are medical health centers located within schools, providing healthcare services to students during the school day; thereby facilitating easier access for children to receive essential care like vaccinations.

CHCs, however, are experiencing significant financial challenges in sustaining and meeting the growing demand for care. Analysis by the Urban Institute revealed that CHC costs are 44% higher than the maximum allowable CHC Medicaid rate, primarily due to rising operating costs.³ These include personnel, benefits, equipment, and office space, which have surged further amidst the pandemic. Increased funding to cover these escalating costs is needed to ensure CHCs' ability to provide vaccines to children whenever and wherever they need them. The NYC Council can support CHCs by expressing support for various bills introduced in the NYS Legislature to shore up CHC funding, including Community Health Center Rate Reform (A.7560 Paulin/S.6959 Rivera).

II. Supporting vaccinations for children seeking asylum

CHCs were among the first community partners to collaborate with NYC to ensure asylum seekers were connected to care upon arrival to NYC and that the children were being given full vaccination series to enable them to enter school. According to a CHCANYS' survey in 2023, 66% of CHCs reported providing vaccinations to asylum seekers at the request of local health or school district officials. This is a herculean effort, given NYC policy requiring documentation within 30 days of school enrollment, CHCs worked, and are still working, tirelessly to obtain documentation necessary for school requirements (i.e. vaccination records, health histories, and insurances). However, CHCs face financial challenges in providing uncompensated care to asylum seekers, often due to lack of documentation to enroll in health insurance. This challenge grows as more and more asylum seekers seek refuge in the City. CHCANYS appreciates the NYC Council's enactment of legislation (INT.1668-A) on October 10, 2021, to enroll CHCs into the NYC Care program, but its implementation is still pending. CHCANYS urges the Council to push the administration to support the program's expansion to include CHCs, enabling funding to flow to health centers and enhance their ability to provide vaccinations to children.

III. Allow healthcare professions to practice at the top of their training

Enhancing the healthcare workforce is vital to increasing childhood vaccination rates, as it enables more professionals to administer vaccines, given that New York's growing healthcare workforce shortage limits access to vaccinations. Allowing healthcare professions to practice at the top of their training can alleviate these constraints, resulting in improved vaccination rates and overall healthcare efficiency. For instance, throughout the COVID-19 pandemic, CHCs reported their doctors and nurses being overwhelmed with vaccine administration, leaving them with no time to provide other essential healthcare. To expand the number of qualified vaccinators in health centers, New York State should expand the role of medical assistants (MAs) to administer vaccines, as has already been done in other States. By allowing MAs to administer vaccines, doctors and nurses will be freed up to provide more complex care. CHCANYS urges the NYC Council to support Governor Hochul's proposed scope of practice reforms including allowing MAs to provide vaccinations under qualifying supervision and allowing dentists to administer vaccines related to a declared public health emergency.

³ <https://www.urban.org/research/publication/critical-role-new-yorks-community-health-centers-advancing-equity-medicare>



COMMUNITY HEALTH CARE ASSOCIATION of New York State

Conclusion

CHCANYS appreciates the NYC Council Subcommittee on COVID and Infectious Diseases and Committee on Health's attention to addressing the decline in childhood vaccination rates. NYC CHCs are committed to improving equitable access to vaccinations for children and look forward to working with the Council on initiatives to increase children's vaccination rates. With questions or follow up, please reach out to Marie Mongeon, Vice President of Policy: mmongeon@chcanys.org.



Testimony of Public Health Solutions

Before the New York City Council

Committee on Health Jointly with the Subcommittee on COVID & Infectious Diseases

Oversight – Addressing the Decline in Childhood Vaccination Rates

T2024-0364

February 29, 2024

My name is Veronica Smith, I am the Senior Director for Health Policy and Community Affairs at Public Health Solutions (PHS). To Committee Chairs Councilmember Schulman, and Councilmember Moya, thank you for your time and the opportunity to provide testimony regarding the various program and initiatives our organization engages in to support New York City families and children. For more than 60 years, PHS has improved health outcomes and helped communities thrive by providing services directly to vulnerable low-income families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services. We are a leader in addressing crucial public health issues, including food insecurity and nutrition, health insurance access, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS prevention. Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions exists to change that trajectory and support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential.

Here at PHS, our commitment to advancing health equity for all New Yorkers starts with supporting vulnerable families. In 2022, our Neighbor Health direct services, provided services to more than 125,000 New Yorkers by increasing access to nutritious food, improving access to healthcare and promoting healthy living. We are proud to be a trusted community resource and would like to share an overview of some of our work below.

WIC

Our WIC centers support nearly 40,000 low-income pregnant women, postpartum women, infants, and children up to age 5 to eat nutritiously, providing information on healthy eating, breastfeeding support, nutritious foods to supplement their diets, and referrals to health care and social services at nine Neighborhood WIC sites in high-need areas of Brooklyn, Queens, and the Bronx. In addition to processing much needed WIC benefits, the WIC program also provides counseling and nutrition education to pregnant mothers and parents of young children and has been found to have a significant impact on reducing adverse health outcomes. WIC also helps participants connect to other needed healthcare and social services, and WIC peer counselors support parents to breastfeed. Every dollar invested in WIC saves an estimated 2.48 dollars in medical, educational, and productivity costs.

WIC staff screen infants and children at their appointments to ensure all marker immunizations are met. Our dedicated staff provide appropriate referrals for participants to obtain immunizations when they are not up to date. Staff are trained to educate participants on marker immunization schedules and on the importance of immunization for overall health and wellbeing. Staff have noticed a trend since the start of the COVID-19 pandemic that some participants were not receiving any immunizations, as well as some even falling behind the recommended schedule. Additionally, among newly arrived immigrant populations staff have also observed participants are not up to date and/or have not received immunizations.



PHS conducts annual surveys of WIC participants regarding their experiences with services, how WIC impacts their health and wellness, and about their current needs. In 2023, across our 9 sites throughout Brooklyn, Queens, and the Bronx, 1,210 WIC caregivers responded positively in Arabic, Bengali, Chinese, English, French, Russian, Spanish, Urdu, and Uzbek. Feedback from respondents showed:

- 80% stated WIC helps them, and their family make better eating choices
- 66% agreed that WIC helps connect them to other needed services
- 78% noted WIC improved their family's health

Our caseload has increased dramatically over the last 18 months, as WIC is a high-impact program available to newly arrived migrant families. PHS teams have been visiting shelters and hotels in Queens and Brooklyn to support enrollment in WIC and access to services and is eager to continue supporting if additional state and city funding to support migrants is made available.

PHS also serves as the main manager of WIC vendors, ensuring more than 1,700 food stores that accept WIC checks offer and keep adequate stock of WIC-approved food package items.

Maternal and Child Health

Our maternal and child health team supports thousands of pregnant and newly parenting New Yorkers to achieve healthy pregnancies and births. We help strengthen relationships and provide the resources needed for family health and wellness. Through Family Connect, PHS streamlines access to a wide array of services for New Yorkers across the reproductive life course, with particular focus during the prenatal and postpartum periods. Focus is paid to ensuring easy access to these resources for individuals and communities that have historically been marginalized from high-quality clinical and social supports.

PHS' Maternal and Child Health unit also offers nine home visiting programs, pairing 1500+ pregnant and parenting families annually with highly trained specialists, who provide support from pregnancy, through birth, and into the child's first years. Helping parents monitor the immunization calendar and ensure that their babies are vaccinated counts among Home Visiting programs' greatest success, with over 95% of participating infants aged 6 to 18 months meeting the requirements.

Healthcare Community Partnerships (HCP)

Through our healthcare-community partnerships we aim to build trustworthy and reliable pathways between our many community-based and health care partners to improve the social drivers of health.

In collaboration with trusted community partners, our COVID Free West Queens and Vaccine Uptake initiatives actively work to raise awareness to the importance of staying up to date with both the COVID-19 and influenza vaccines. Our outreach efforts are twofold, provide evidence-based information to help community members make informed decisions for their family's health and resources to help them access free vaccines. Unfortunately, the number of people who have chosen to get the 2023-2024 COVID updated vaccine is far fewer than those who received the 2022 COVID booster shot. Research continues to show that the updated COVID vaccine reduces the severity of COVID symptoms, hospitalization, and potential for Long COVID. It is imperative to health and wellbeing of all New York residents to stay up to date with all their vaccines to prevent future outbreaks and/or disabilities caused by infectious diseases.



Through our outreach efforts – including our COVID-Free Queens! Test and Trace (T2) initiative, Aug. 2020 – April 2022 – PHS has engaged with 676, 561 people, held 2,386 outreach activities to raise COVID awareness and provide COVID resources assistance to New York residents, made 74, 152 vaccine referrals, and distributed almost 6 million adult and kid size PPE. Although the 2023-2024 COVID vaccination numbers were much lower than hoped this respiratory season, we know that COVID-19 continues to be a burden that impacts our city’s most vulnerable populations, and therefore we will continue to offer our assistance to New York residents seeking free COVID and flu vaccinations throughout the city and provide assistance to those who may be suffering from Long COVID.

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About Public Health Solutions

Health disparities among New Yorkers are large, persistent and increasing. Public Health Solutions (PHS) exists to change that trajectory and support underserved New Yorkers and their families in achieving optimal health and building pathways to reach their potential. As the largest public health nonprofit serving New York City, we improve health outcomes and help communities thrive by providing services directly to low-income families, supporting community-based organizations through our long-standing public-private partnerships, and bridging the gap between healthcare and community services. We focus on a wide range of public health issues including food and nutrition, health insurance, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Celia Quinn

Address: Deputy Commissioner for Disease Control

I represent: _____

Address: (DOHMH)

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 2/29/21

(PLEASE PRINT)

Name: Christopher Leonard

Address: [Redacted] Bureau of Apple

I represent: SCIF

Address: _____

Please complete this card and return to the Sergeant-at-Arms