



Testimony

of

Aletha Maybank, M.D., MPH

Deputy Commissioner, Center for Health Equity

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

Oversight Hearing- Department of Health and Mental Hygiene's Center for Health Equity

February 27, 2018

City Hall Committee Room

New York, NY

Good morning Chair Levine, and members of the committee. I am Dr. Aletha Maybank, Deputy Commissioner of the Center for Health Equity at the Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, thank you for the opportunity to testify. I would like to also recognize Councilmembers Eugene, Barron, Ampry-Samuel, and Powers for your commitment to the health and well-being of all New Yorkers.

Much like other cities in our country, but at the same time unique in its own way, New York City is best understood when appreciating the distinctive characteristics of our respective neighborhoods. These are characteristics that we can boast of and promote, but also those that illustrate significant differences in the lives that are being lived across them.

An 11-year gap in life expectancy currently exists in our city between the Financial District in Manhattan and Brownsville in Brooklyn. Stark inequities exist across other key health outcomes like infant mortality and premature mortality, as well as health conditions such as asthma, diabetes and mental illness. We refer to these disparities in health outcomes as health inequities. They are the consequence of well-documented social inequities that exist at the neighborhood level. These include disparate concentrations of poverty, and differences related to education and incarceration. We call these drivers the social determinants of health, and they often keep our residents from living their healthiest lives.

We have known for quite some time that health inequities are not a biological phenomenon, but rather the result of long-tenured systems of racism that have segregated and assaulted communities of color. During the history of our institutions and government, unjust policies and practices have yielded inequitable health outcomes. Dismantling systems and structures that perpetuate injustice requires a commitment to equity beyond equality. Furthermore, we must recognize that people do not start their lives with equal power and privilege. Without the advancement of equity, there can be no real equality.

While the national conversation regarding inequity is often categorized by class, particularly in regards to wealth, in our city, equity is principally a matter of racism. The history of New York City includes the systematic segregation of people of color into neighborhoods that were deprived of resources for decades. To this day, these neighborhoods still carry the burden of decisions made through the prism of racism.

At the beginning of Commissioner Bassett's tenure, she committed the Department to equity, justice, and inclusion. The principal demonstration of this was the formation of the Center for Health Equity. The Center prioritizes the Department's work on the elimination of health inequities, which are rooted in historical and contemporary injustices and discrimination. With that commitment came an understanding of the City's historical role in executing injustice, and our present responsibility to undo it.

The Center for Health Equity's first role is to reform our own institution. We are working to transform the Health Department into a racial justice, multi-cultural organization that actively promotes the cultures and needs of communities that have been and still are oppressed. These include communities of color and the LGBTQ community. Our second role is to expand the narrative around what creates health, and make injustices visible through the Department's data.

We seek to elevate the stories of those directly affected and the efforts to confront it. Our third role is to provide support to neighborhoods and communities that are most affected today. We are investing in neighborhoods with some of the worst and most inequitable health outcomes in the city.

As a city agency, we also recognize the influence we have to make change. Our fourth role is to engage our sister agencies and other institutions to provide guidance and support to advance equity. Our fifth role is in checking our influence and privilege as a city agency. To support health on the local level, we cannot just be the leaders and deciders, but far more often we need to be followers and supporters. Today I want to share with you some of our efforts to reform our institution and to invest in key neighborhoods.

In 2016, the Center for Health Equity launched Race to Justice, our internal reform effort. We understand that structural racism is the fundamental cause of health inequities in our nation and through this initiative, we are learning more about how racism operates within our own institution. That is why we are engaging staff in conversations about race, power, and privilege. We are also facilitating trainings to improve staff capacity to undo racism and gender bias, to recognize how implicit bias affects us all. Finally we are fostering leadership for racial and gender equity advancement. The Department is working collaboratively with experts in this field and other cities engaged in similar efforts across the country.

In order to ensure dissemination and sustainability of this effort, we organized a diverse core team of staff champions from across the Department. Their work is focused on four areas: communications and organizational identity; community engagement and partnerships; workforce equity and development; and equitable contracting and budgeting practices.

A key part of implementing Race to Justice is normalizing conversations among Department staff on race, gender and LGBTQ issues, as well as power, privilege, and equity. Since we began this effort in 2016, over 5,000 staff have received some form of training on these topics. We anticipate that all Department staff will be trained over the next three years on racism and gender equity which is in alignment with the City's Race and Gender Equity legislation, passed by the Council in 2017. We commend our City Council and the Administration for moving on this important issue.

This learning and lens is already starting to change the way we do our work. Our epidemiologists changed how we present neighborhood-level data to show more clearly the inequities that exist across them. The most recent Community Health Profiles show data by community-board, the local geography that parallels what most New Yorkers identify as their neighborhoods. This has made the data more accessible and readable for residents and advocates alike.

Our emergency preparedness staff have revisited how the city organizes and deploys staff in the event of a public health emergency or natural disaster. And they are working to ensure that qualified leadership is equitably located in all neighborhoods across New York City in times of crisis.

Our early intervention program provides services to children under 3 years who are experiencing developmental delays and disabilities. After documenting an inequitable pattern, we started to ask questions about why Black children were utilizing free, eligible services at a lower rate than Latinx, Asian, and particularly, White children. The program is now building demand by getting out the news about these free services, and educating providers in prioritized neighborhoods.

While we are not the first institution to seek to become a racial justice organization, we have started a transformative process. It is one that we are working with our sister agencies to amplify. However, we cannot wait for our institutions to transform, we must also serve the communities who need help now. That is why we are also focusing efforts in neighborhoods that have long experienced public and private disinvestment, and endured some of the worst health outcomes in the city.

Our recently established Neighborhood Health Action Centers stand on the shoulders of the District Public Health Offices, established in 2002, and draw on the history of over a century of District Health Centers in New York City. Started under Mayor LaGuardia, these were meant to serve those too poor to pay for private doctors and make additional resources available to physicians working in these neighborhoods. The District Health Center movement sought to institutionalize collaboration between government agencies and community partners, fostering collective action.

For over a decade, the District Public Health Offices in the South Bronx, East Harlem and Central Brooklyn developed and implemented programming, conducted primary research, participated in coalitions, and worked with other city agencies on local projects – all at the neighborhood level. Many strong initiatives started in these offices, and continue today, including:

The New York City Teens Connection, our teen pregnancy prevention program, which started in the South Bronx, recently expanded to Central Brooklyn and Northern Staten Island, and the program's reach and impact continues to grow. Teen pregnancy rates in New York City declined 60 percent from 2000 to 2015, and the racial disparity has narrowed considerably.

Asthma continues to be the leading cause of childhood hospitalizations, emergency room visits, and absenteeism for our children. The East Harlem Asthma Center of Excellence has served the needs of thousands of children with asthma and their families since 2008. From 2008-2014, program graduates have experienced significant reductions in emergency department visits and hospitalization due to asthma and have contributed to a significant improvement in the rate of hospitalizations in East Harlem.

In Brooklyn, our office worked with the Department of Transportation to facilitate a participatory planning effort to bring 28 miles of bike lanes to Brownsville and East New York, neighborhoods with little infrastructure in the way of supporting active transportation. This effort was critical to promoting physical activity, but also to give residents increased freedom to move about their city. Our team is now working to ensure that CitiBike expands equitably, promoting accessibility and affordability for neighborhoods that could benefit from bike share.

On the neighborhood level, we have also sought to elevate and address the major concerns of residents. For example, our Cure Violence program provides alternatives to violence and shifting community norms around violence. The program is now in 18 sites in neighborhoods that have historically been impacted by gun violence and gun related homicides. This neighborhood-based approach is part of the reason why there were only 290 murders in New York City in 2017, compared to the 335 murders the previous year.

It is because of this success, and the persistent inequities that are still plaguing our city that we committed to double down on these neighborhoods and place-based approaches. Last year, we launched the Neighborhood Health Action Centers. We have taken underutilized Department buildings and revitalized them by co-locating health services, community health centers, public hospital clinical services, community-based organizations and service providers – all under one roof. We have introduced new activities and programs in these sites. They possess convening spaces for the public to hold events, family wellness suites that offer services to support mothers, fathers and their families and plans for community kitchens. Partners are meeting, organizing, and mapping out their efforts within and outside of our walls.

The Neighborhood Health Action Centers (or “Action Centers” for short) are located in the respective neighborhoods of Tremont, East Harlem, and Brownsville. Through co-location of services and programs from different organization and agencies, we are better able to collectively serve community members, act as an engine of improved asset linkages, and identify gaps in coverage and reduce duplication of services. A key partner in this effort has been NYC Health + Hospitals, whose health centers operate in several of our locations. And having IDNYC on site in East Harlem and Tremont has brought many New Yorkers through our doors. We have also brought on a team of community health workers and staff to support neighborhood residents to navigate what is available in the building, and to refer them to additional services in the neighborhoods. Governance bodies are being formed to provide partners and residents the opportunity to guide the work, and take ownership of the neighborhood assets.

The East Harlem Action Center has numerous co-located partners providing services to residents. These partners include the Association to Benefit Children, Concrete Safaris, Public Health Solutions, and SMART University. The Department’s Harlem Health Advocacy Partners program has provided over 800 residents of NYCHA developments with one-on-one coaching, and over 1,700 residents have participated in group wellness activities such as Shape Up classes and walking groups, out of this location. Over last year, the East Neighborhood Harlem Action Center received over 16,000 visits.

The Brownsville Action Center has a particular focus on reducing racial disparities in the rates of infant mortality and severe maternal morbidity. The Action Center features services provided by our co-located partners like Health and Hospitals’ adult and pediatric clinical services, and Brownsville Multiservice Family Health Center’s HIV care coordination, cardiology and nutritional services. One of the Action Center partners, Brooklyn Perinatal Networks’ doula services, provides emotional support programming and peer education trainings to neighborhood woman and their families. Over last year, the Brownsville Action Center received nearly 14,000 visits.

At our Tremont Action Center, we are providing primary care as well as teen pregnancy and opioid overdose prevention. I'm proud to announce that last week the Action Center was officially registered with the State as an Opioid Overdose Prevention Program, and now delivers monthly overdose prevention trainings to community members. The Action Center is also a steering committee member for the #Not62 campaign. The campaign supports borough-wide efforts to improve the health of Bronx residents. In addition we are elevating the history of the neighborhood. Earlier this month we launched an exhibit titled, Undesign the Red line. The interactive exhibit explores the history of structural racism and wealth inequality, how these designs compounded each other from the 1938 Redlining maps until today, and how residents, our partners, and other stakeholders can come together to undesign these systems. Over last year, the Tremont Neighborhood Health Action Center received over 8,000 visits.

The Action Centers also operate as critical conduits for amplifying other work of the Health Department in our neighborhoods. Throughout all three Action Centers we have focused on outreach to residents to help them prevent and control diabetes. We work with the National Diabetes Prevention Program to support ten community and faith based organizations who deliver yearlong workshops for community members, reaching over 65,000 New Yorkers each year. In addition, the Action Centers serves as a hub for training community members in Mental Health First Aid, including over 1,000 faith leaders, as well as connecting visitors to mental health services.

Over the last year, the Action Centers have collectively welcomed more than 37,000 visits and provided over 500 referrals. We welcome all residents of our neighborhoods and surrounding areas to visit us soon. In the words of the Action Center's public awareness campaign, we encourage our neighbors to be heard, be powerful and be here! This is just the start for the Center for Health Equity and the Neighborhood Health Action Centers. A lot is being done, but there is so much more to do.

Thank you for the opportunity to testify. It is an honor to lead this important mission. I am happy to take any questions.