Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health jointly with the Committee on Women and Gender Equity

on

Disparities in Women's Health

Good morning, Chair Schulman, Chair Louis and members of the Committees. My name is Dr. Michelle Morse and I am the Chief Medical Officer (CMO) and Deputy Commissioner of the Center for Health Equity and Community Wellness (CHECW) for the Department of Health and Mental Hygiene (the NYC Health Department). On behalf of Commissioner Vasan thank you for inviting me here today to speak about inequities in women's health in New York City. While disparities and inequities are often used interchangeably, throughout my testimony, I will be using inequities rather than disparities to highlight the reality that the gap we see in many health outcomes today are the result of, avoidable, unfair systemic policies and practices in our society that can be changed.

The Health Department addresses health and social inequity across New York City in partnership with community, faith-based, and health care organizations. The Department's work focuses on social determinants of health such as housing and economic status, as well as environmental and commercial determinants, and addresses both upstream and downstream factors to improve the health and well-being of New Yorkers. The 2021 NYC Board of Health's Resolution Declaring Racism a Public Health Crisis highlights the long history of structural racism impacting services and care across all institutions. Structural racism is a system that excludes, marginalizes, and harms Black, indigenous, and people of color (BIPOC) across New York City through discriminatory housing, employment, education, healthcare, criminal legal, and other systems, all of which result in avoidable and unjust health outcomes for chronic disease and many other illnesses. The NYC Health Department works to eliminate racial inequities in health outcomes and reduce premature mortality, which is defined as death before the age of 65 years.

I understand the committees have expressed interest in addressing the leading causes of death nationwide for women noted by the Centers for Disease Control including heart disease, cancer, stroke, chronic lower respiratory disease, and Alzheimer's disease. I will be addressing these topics as well as the impact of diabetes on women and the NYC Health Department's ongoing efforts to address these issues. Of note, in NYC the leading causes of death for women in 2021 were Heart Disease, Cancer, COVID-19, Chronic Lower Respiratory Disease and Alzheimer's.

It's important to note that February is both Black History Month and American Heart Month. These designations help bring awareness to the historical and systemic issues that contribute to the inequities we are discussing today.

The City takes a comprehensive approach to addressing health inequities. The Center for Health Equity and Community Wellness itself was created to ensure a comprehensive and strategic approach to reducing racial inequities in premature death, many of which are driven by chronic diseases. As you know heart disease continues to be a leading cause of death for women, while Breast cancer is one of the leading causes of cancer death for women. Our analysis also shows that among women, rates of hypertension are highest among Black women. A recent Community Health Survey found that 42% of Black women reported being diagnosed with hypertension, compared to 31% of Latina women, 25% Asian/Pacific Islander women, and 23% of white women. These inequities stem from a range of causes including structural racism's impact on access to health resources, wealth, quality of services, and the reality of clinical research being historically conducted with white men with subsequent findings often incorrectly applied to women. In addition, cerebrovascular diseases (including stroke) were the fourth leading cause of death in women.

In our efforts to combat heart disease, stroke, and hypertension, the NYC Health Department has developed innovative programs. For instance, we launched the Take the Pressure Off! (TPO) program in

2016, a hypertension initiative which takes a placed-based approach to addressing inequities in high blood pressure. This program recently received a CDC grant to address hypertension in Brownsville, Brooklyn, which is a neighborhood where we have an Action center that is highly impacted by inequities in cardiovascular disease. TPO has taken a comprehensive community-based approach by linking a Federally Qualified Health Center (BMS Family Health and Wellness Center), the Brownsville Community Culinary Center, NYCHA developments, and insurers to collaborate on improving hypertension awareness, management, and connections to care. TPO offers Hypertension 101, a workshop for community groups to promote awareness and understanding of hypertension. Over the past year, we have completed 45 presentations and train-the-trainer events.

In addition to heart disease, we appreciate the Council's focus on cancer affecting women since it is the second leading cause of death for women. In 2021, the rate of death from cancer was about 14% higher among Black New Yorkers compared to the citywide average. Specifically, breast cancer is one of the leading causes of cancer death in women in New York City. In 2021, Black women died from breast cancer at a rate 41% higher than the citywide average.

In our efforts to detect and treat breast cancer, the NYC Health Department contracts with a mobile mammography van program to provide no-cost mammograms and patient navigation within neighborhoods experiencing high rates of breast cancer mortality. The program aims to reduce barriers to care such as access to transportation, insurance status and the ability to pay. From July 2022 to December 2023, the program provided screenings to over 4,800 eligible women.

Notably, colon cancer, while not specific to women, is another area of our focus. The NYC Health Department funds patient navigation services at two health service providers located within neighborhoods with high rates of colorectal cancer mortality. Patient navigation services enable timely screenings by providing education, support, and access to resources to reduce barriers to care for those who are uninsured or underinsured. We are currently working with partners through a committee hosted by the NYC Health Department on how to improve access to colonoscopy for patients without insurance.

I now want to turn your attention to Alzheimer's, also in the CDC's top five causes of death among women. The NYC Health Department has a new program – Building our Largest Dementia Infrastructure – also known as BOLD which seeks to improve the health status and quality of life of NYC residents with Alzheimer's Disease and Related Dementias (ADRD), and of their caregivers. To achieve this goal, this initiative aims to create a diverse and multi-disciplinary NYC BOLD Coalition, which will include a wide range of stake holders who recognize how structural racism and socioeconomic inequities have increased the risk factors for ADRD and worsened outcomes for a large proportion of New York City residents. Some of these risk factors include smoking, hypertension, diabetes and obesity/overweight. In the coming months we look forward to creating a NYC BOLD Plan that is data-driven, addresses social determinants of health, improves system coordination, supports risk factor reduction, and aligns with the CDC's Healthy Brain Initiative Road Map. Through this process we also aim to increase awareness and understanding about the importance of risk reduction, early detection, access to quality care, and supportive services for affected individuals and their families.

On Chronic Lower Respiratory Disorder (CLRD), cases of asthma and related inequities are a significant area of concern. Children are an especially vulnerable population. In 2016, the rate of asthma-related emergency department (ED) visits among children ages 5 to 17 years was more than six times higher in very high poverty NYC neighborhoods compared with low poverty neighborhoods. Since asthma can have

the most harmful effects on children, The NYC Health Department has significant resources to address and improve the inequities, we see affecting children and families across the city. The NYC Health Department's Office of School Health provides various services for children in school, including medicine administration and education. Our East Harlem Neighborhood Health Action Center offers free counseling, education and other support services for children with asthma; our Tremont Neighborhood Health Action Center offers cost-free pest control services for eligible families and our Healthy Neighborhoods Program provides free home assessments for children and adults diagnosed with persistent asthma by a health care provider.

While diabetes is not within the top five causes of death listed by the CDC, it is an important condition to understand as we discuss health inequities within our city. Diabetes prevalence has increased over the past 10 years leading to enormous harms to New Yorkers, including vision loss and blindness, kidney and nerve damage, heart disease, stroke, and lower limb amputation. Our data underscore the disproportionate burden that diabetes and related complications present to communities of color in NYC and communities experiencing high poverty.

A critical tool to achieving reductions in diabetes rates is a long-standing successful evidence-based initiative known as the Diabetes Self-Management Program. As you may know recent federal approval of changes to New York State's Medicaid program would make the Diabetes Self-Management Program reimbursable though Medicaid which would represent great progress if we ensure it is accessible by as many groups as possible. In addition, with the initiative from the Council, Local Law 52 of 2023, to develop and implement a citywide diabetes incidence and impact reduction plan will also be a critical tool to achieving reductions in diabetes rates.

The Health Department leads a number of programs which aim to address the root causes of many chronic conditions and inequitable health outcomes. Working upstream on cross-cutting issues like food and nutrition security, tobacco cessation, health insurance access, and others, allows us to prevent disease and impact many of the top five causes of death together. On food and nutrition security our Groceries to Go program provides eligible New Yorkers with up to $270 per month in credits to buy groceries. Health Bucks coupons that can be used to purchase fresh fruits and vegetables at all New York City farmers markets. Our Shop Healthy Initiative combats predatory advertising and commercial practices that aggressively promote unhealthy food products which are often targeted towards communities of color. This program increases the availability of healthier foods through counter marketing strategies and relationship building with food retailers, distributors and community members. We are also changing the food environment to be healthier through New York City Food Standards which are evidence-based nutrition criteria for all foods and beverages employers serve and were developed to help lower the risk of obesity, diabetes and cardiovascular disease by setting guidelines for any city government facility where food is served. We also implement tobacco control initiatives because smoking is still a leading contributor to death in NYC. Statewide, tobacco is estimated to kill 22,000 people each year. These deaths contribute to inequities in premature mortality. Finally, we offer health insurance enrollment and access though our Office of Health Insurance Services. Individuals with health insurance get access to more preventive care and are able to better manage chronic diseases.

Given this hearing's focus on inequities in Women's health and the NYC Health Department's work to address these harms, it is also critical that we address birth inequities and prioritize Black women and birthing people. Even when controlling for socioeconomic and educational status, Black women and birthing people are still more likely to suffer from severe morbidity and mortality. These inequities are rooted in racism and structural inequity. Contributing factors include decreased access to care; residential segregation; and stressors from experiences of racism.

Our Family Wellness Suites are integral to disrupting these systemic inequities and are part of the City's plan to prioritize maternal and infant health.

Family Wellness Suites (in Tremont, East Harlem, and Brownsville) are physical spaces for families to receive services, health education, and linkages to community resources. They provide birthing people and their families a safe, welcoming, and supportive space to participate in a range of parenting and birthing classes, breastfeeding support, connect to community resources and receive critical supplies like car seats and pack n' plays. These sites are staffed by community health workers, doulas, lactation counselors, social workers, and other public health professionals. In FY23, the FWS served over 1,500 families across the 3 sites and they distributed over 1,500 cribs and car seats and 43,000 emergency diapers.

Finally, I would like to highlight the importance of taking a place-based and race conscious approach to chronic disease. This approach will serve and greatly benefit women in New York. The Department's Public Health Corps program is an ecosystem of community health workers (CHWs) and community-based organizations supported by the NYC Health Department to center communities with the most unfair burden of disease, be it COVID or chronic disease. As the public health emergency ended, we shifted the program to integrate chronic disease as a focus because of the extensive partnership, trust, and network we have built over the past 3 years. CHWs now screen community members for social needs and chronic disease and make connections to health and social care. One CHW shared this about the impact of their work: "This work allows us to build trust with community members who previously had little to no exposure to (our organization) This will allow us, we hope, to have a relationship where the community trusts us as credible messengers for future health initiatives." This is a powerful insight that speaks to the importance of CHW's role in building bonds to create more healthy and equitable communities.

I would like to close my remarks by highlighting the need for a comprehensive approach to addressing these key drivers of premature mortality. In November 2023, the City launched HealthyNYC a citywide campaign for healthier, longer lives. This effort will require public and private sectors working together to reach our goals. I want to thank the Council—in particular, Chair Schulman, for unanimously passing legislation last week that will require the Health Department to have – and update every 5 years – a population health agenda. This will ensure that our focus and goals around creating a healthier New York City outlive any one Administration. Further, the Adams Administration recently launched "Women Forward NYC: An Action Plan for Gender Equity," an investment aimed at making New York City a national leader on gender equity, including for transgender and gender expansive New Yorkers, with the ambitious goal of becoming the most women-forward city in the United States. Supported through city dollars, private and public partnerships, academic institutions, and federal grant funding, this "living action plan" is a framework for all of the Administration's efforts addressing gender disparities going forward and by taking immediate action to connect women to professional development and higher-paying jobs; dismantle barriers to sexual, reproductive, and chronic health care; reduce gender-based violence against women; and provide holistic housing services, including for formerly incarcerated women and domestic and gender-based violence survivors. The Health Department worked with our colleagues in City Hall on the development of this plan. New Yorkers can now visit the re-launched women.nyc, a one-stop shop website, to learn more about the action plan and access city services to support women and families.

Thank you for inviting me to discuss this important topic. I am happy to answer your questions.

OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

ANTONIO REYNOSO
Brooklyn Borough President

City Council Committee on Women and Gender Equity
City Council Committee on Health
Testimony on Disparities in Women's Health
2.14.24

Good afternoon, Chair Louis and Chair Schulman, and thank you for holding this valuable hearing today. I am submitting this testimony because the issue of equity in women's health is of high importance to me as Brooklyn Borough President, as it is for millions of people in New York City.

The latest 5-Year Pregnancy-Associated Mortality Report issued by the Department of Health and Mental Health, which covers data from 2011-2015, highlighted that substance use was the leading cause of injury deaths (24 of 59 deaths, 40.7%) in NYC in that time period with the vast majority of those deaths (19) involving opioids. Subsequent annual NYC DOHMH maternal mortality review reports have continued to flag mental health disorders, especially opioid overdose, as one of the top causal factors for recent maternal deaths between 2016-2020. These are patients that not only need access to critical treatment that includes counseling and therapy, but also medicine.

However, the mental health profession, especially psychologists and psychiatrists that specialize in maternal mental health, is woefully unrepresentative of the general population. Black, Latino, and Asian psychologists, combined, account for less than 20% of the total number of psychologists in the United States. Black psychologists represent only 4% of the total workforce. This lack of representation has potentially dire consequences for people of color who are seeking mental health treatment. Patients of color may encounter conscious and unconscious bias from providers and other stressors that further stigmatize and alienate them. A decreased quality of care is also of concern given that, according to a 2023 report from KFF, 15% of Black people, 13% of Latino people, and 11% of Asian people report feeling that they would have received better mental health care if they were a different race or ethnicity. For pregnant and postnatal mothers and birthing people, a lack of access to holistic mental health care services can be acutely dangerous. We must decrease barriers to accessing critical mental healthcare and overdose prevention services and increase the workforce diversity pipeline for psychiatrists familiar with perinatal issues to ensure that we can serve those most at risk.

In addition to bolstering our mental health workforce, we must not forget about the importance of creating a more robust workforce pipeline for midwives. According to a NIH 2023 study, the inclusion of midwives as part of the birthing team is associated with "fewer emergency Caesarean sections, higher rates of vaginal births, lower rates of episiotomies, and shorter neonatal stays in intensive care units." If appropriately integrated into the healthcare delivery system, midwives could help avert 41% of maternal deaths, 39% of neonatal deaths and 26% of stillbirths. In the same year, the United States had 32.9 maternal deaths per 100,00 births, which is more than ten times the death rate of similarly developed countries such as Australia, Japan, Israel, and Spain. In these countries, the maternal death rate typically fluctuates between two and three per 100,000 births.

We simply do not have enough midwives to serve our Black and Brown birthing communities. In 2021, there were only a total of 13,409 American Midwifery Certification Board-certified midwives in the US and midwives attended only 12% of births. Of that count, the number of Black midwives was only 7.3%, whereas 85% of certified nurse-midwives were White. This statistic highlights a major racial disparity within the profession, despite Black mothers experiencing the biggest gap in terms of demand and access.

The shortage of midwives is pervasive in New York City. There are only four institutions throughout the five boroughs that offer midwifery Masters programs – SUNY Downstate, Columbia, NYU, and SUNY Stony Brook, which offer Certified Nurse Midwifery programs, creating barriers to entry for midwives who do not have a nursing degree. (Certified midwives can also practice in New York State, but not require a nursing degree as a pre-requisite.) Between 2018 and 2022, an average of 70.8 midwives were licensed across New York State, with a median of 75. The costs associated with these programs often prohibit students from underrepresented backgrounds from attending; an affordable midwifery program currently does not exist in the CUNY system. It is critical that we create a career pipeline for our undergraduate students to enter the field of midwifery and remove the barriers to entry so that we can expand and increase workforce representation, which is what my office is currently exploring.

I will continue to fight to ensure that our healthcare workforce is reflective of the needs of the Black and Brown communities most impacted by the generational trauma of maternal mortality and morbidity. Since I took office, I have initiated several efforts to address the issue of birth equity in Brooklyn. During my first year, I started the Maternal Health Taskforce, a group comprised of eight Black women who are advocates, non-profit leaders, and clinicians, to reduce maternal mortality and morbidity and make Brooklyn the safest place to give birth. Our office also held a Maternal Health Expo in July 2023 to bring together pregnant people across the borough and relevant providers. The event also featured workshops on nutrition, safe sleep practices, and patient rights. On our website, you can find Spreading Love the Brooklyn Way: A Guide to a Safe & Healthy Pregnancy, which is part of extensive maternal health education and awareness campaign that we launched in ten of the Brooklyn neighborhoods most impacted by maternal deaths. The guide informs readers on how best to prepare for pregnancy, common pre- and perinatal mental health concerns, building a pregnancy care team, and how to be an advocate for yourself in medical settings. I look forward to continuing this work with your partnership.

Thank you again to Chair Louis and Chair Schulman for holding this oversight hearing and calling attention to some of the most pressing health equity issues facing our city today. Borough President Reynoso looks forward to continuing to work with this Council to improve maternal health outcomes in New York City.

LEGAL MOMENTUM®
The Women's Legal Defense and Education Fund

February 14, 2024

Testimony Addressing Disparities in Women's Health

Submitted by Dorea "Kyra" Batté, Legal Momentum, The Women's Legal Defense and Education Fund

Good morning and thank you for convening this critical panel addressing disparities in women's health. My name is Dorea "Kyra" Batté and I am an attorney at Legal Momentum, The Women's Legal Defense and Education Fund.

As the nation's first and longest-serving legal advocacy organization for women, one of Legal Momentum's focus areas is to protect women and their families from being penalized for their pregnancies and pregnancy outcomes by combating discrimination in the systems that serve them. Through our national Helpline, our impact litigation, and our policy advocacy, we have seen firsthand how nonconsensual drug testing in health care settings negatively impact pregnant patients and their families, particularly low-income families and families of color.

Sex and Race Disparities

In performing nonconsensual drug tests on pregnant patients, a practice which is rightfully not used on all patients, health care providers make a treatment distinction based on sex and pregnancy, a clear violation of New York's nondiscrimination laws.[1] The consequences of this overtly discriminatory practice has a disproportionate impact on women.[2] Those patients who have a positive toxicology result after nonconsensual drug testing, are most often not provided any medical counseling or treatment. Rather, they are exclusively reported to child protective services. Drug testing pregnant patients not for any medical necessity but for solely punitive purposes amounts to an unlawful search and seizure,[3] and undermines the health and wellbeing of the mother and the child.

Numerous studies and investigative reports have found that Black parents are more likely to be screened, tested, and reported for illicit drugs than their white counterparts, even though race is not associated with a positive result, and despite similar usage rates across racial groups,[4] and we have found that these practices are often more prevalent in hospitals serving lower-income Black and Brown communities. Because drug screening criteria are not standardized across hospitals, health care providers often have discretion

[1] 47 R.C.N.Y. § 2-09.
[2] We acknowledge people of all genders have the capacity to become pregnant but that women are disproportionately impacted and that these policies impact people of all genders.
[3] *Ferguson v. Charleston*, 532 U.S. 67, 86 (2001).
[4] Hillary Veda Kunnis et al., *The Effect of Race on Provider Decisions to Test for Illicit Drug Use in the Peripartum Setting*, 16 J. Women's Health 245, 245–255 (2007), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859171/.

in determining whether or not to screen a pregnant patient, making way for implicit bias and discriminatory practices. From our experience, these discretionary practices have, in fact, disproportionately targeted women of color.

Newly parenting people are met by a child protective services caseworker at their bedside, where they are interrogated, sometimes mere hours after giving birth setting off a cascade of unwarranted intrusion into the families' privacy. The practice of routinely testing pregnant patients and their newborns without informed consent and then reporting them to child protective services has expanded the surveillance responsibilities of health care providers and has made health care providers de facto arms of the family regulation system. Once a report of suspected child abuse or maltreatment is made, Black and Brown children are more likely to be subjected to a child protective services investigation, with nonconsensual perinatal drug testing among the primary examples of disproportionate child welfare surveillance.[5] Based solely on reports of positive perinatal drug tests, child protective services agencies throughout New York launch intrusive, multi-month investigations—some of which are purported to be New York's non-investigative Family Assessment Response (FAR) yet include all the surveillance and intrusion of a traditional investigation. Regardless of whether the response is a formal or informal investigation, even where there is no finding of child abuse or maltreatment, records of the report and associated investigations are maintained and available for future use by child protective services agencies for at least ten years thereafter.

Exacerbation of Health Disparities and Barriers to Health Care Access

This practice of "testing and reporting" has eroded trust between women and their healthcare providers, discouraged women from seeking prenatal and other care and treatment, and instilled fear among many patients and families.[6] In the nation with the highest maternal mortality rate in the industrialized world, with Black women three times more likely to die from pregnancy than white women,[7] it is critical to eradicate the pernicious practices that give pregnant patients more reason to distrust health care providers and avoid seeking critical care. As one Legal Momentum client described, she "could not trust anybody," and felt like the health care providers assisting her while she was in labor were "trying to get [her]," and "wanted to see [her] baby get taken away." Health care providers reported our client for suspected child abuse or maltreatment based on a single unconfirmed toxicology result, taken without her knowledge or consent, and indicating a legal substance. Even though her medical providers had previously drug tested her months prior in her pregnancy without her knowledge and consent, they failed to inform her about her positive results or to provide any medical guidance or treatment during the course of her pregnancy. Instead her initial test was used as a basis to conduct yet another nonconsensual test during labor, with the sole purpose of reporting her to child protective services. After a multi-month investigation despite no evidence of any child abuse or maltreatment, her son's medical records still list her as a drug abuser, and she has been left with a generalized fear and anxiety to seek medical treatment for herself and her young children.

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[5] N.Y. State Bar Ass'n, *Report and Recommendations of the Committee on Families and the Law Racial Justice and Child Welfare* 15 (2022), https://nysba.org/app/uploads/2022/03/Committee-on-Families-and-the-Law-April-2022-approved.pdf.

[6] National Advocates for Pregnant Women, *Fact Sheet: Clinical Drug Testing of Pregnant Women and Newborns* (March 2019), https://www.nationaladvocatesforpregnantwomen.org/wp-content/uploads/2019/10/NAPW202522Clinical20Drug20Testing20of20Pregnant20Women20and20Newborns252220March202019.pdf.

[7] Latoya Hill, Samantha Artiga & Usha Ranji, Kaiser Family Foundation, *Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them* (2022), https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/.

Notably, New York law makes clear that a positive toxicology test alone does not in and of itself constitute child abuse or maltreatment.[8] Adding insult to injury, in many instances, including in our client's case, health care providers do not even order and wait for confirmatory toxicology results before reporting patients to child protective services—and the state central registry is accepting these reports. This has led to child welfare surveillance of families coming from drug test results based on consumption of poppy seeds, women seeking drug treatment, and women who were prescribed lifesaving medication for pregnancy-induced symptoms. Among the lasting harms to patients affected by these nonconsensual drug tests, the pregnant patient's and newborn's medical records include notations indicating maternal drug use. These notations are seen by subsequent health care providers and lead to bias in the provision of medical care in perpetuity.

Violation of Bodily Autonomy and Privacy

Subjecting pregnant individuals to drug testing without their informed consent is a clear violation of their bodily autonomy and privacy. Because pregnant patients are carrying a fetus, medical providers uniquely disregard their opinions, choices, and right to information regarding medical care, tests, and procedures to be conducted on their bodies in a way that deviates significantly from their treatment of non-pregnant patients. In doing so, health care providers are depriving women of the right to make their own informed decisions about their health care in a context where the testing is not even used to provide medical care to either the mother, the fetus, or to newborns. Moreover, these reports to child protective services of prenatal drug tests, if even reliable, relate to substance consumption before any child within the legal purview of child protective services in New York actually yet exists and absent any actual indication of abuse or maltreatment to a child. Prioritizing the rights of the fetus over the privacy and bodily autonomy of the mother creates a slippery slope and opens the door to surveil, critique, and penalize women for a range of choices made during the course of pregnancy, including eating foods suspected of causing developmental problems, lifting heavy boxes for work, or working in an environment with toxins. Drug testing pregnant patients without their knowledge or consent deprives them of the right to have information about the purpose, risks, and consequences of the testing and to make an informed decision to testing performed on their bodies and bodily fluids. The condition of being pregnant does not negate your rights as a medical patient to choose and be informed about what can be done to and taken from your body.

Recommendations

It is crucial that patients be fully informed of the consequences of perinatal and newborn drug testing as well as the medical reasons for testing, and that they be provided the opportunity to consent to the drug test without fear they will not receive appropriate medical care as a result. We recommend health care providers to establish a clear written policy that directs relevant staff to refrain from drug testing pregnant patients absent informed consent and absent medical necessity. In providing informed consent, staff must advise patients of all known consequences that may stem from drug testing. In addition, we advise health care providers to maintain the confidentiality of any drug testing and to refrain from reporting pregnant patients to child protective services based on a positive toxicology test alone and absent independent indicia of child abuse or maltreatment. Mandatory training should also be provided to all relevant health care providers on these policies with additional training on racial sensitivity in the context of obstetric care. Changing the practice of routinely drug testing pregnant patients without their

[8] David A. Hansell, Commissioner & Dr. Dave A. Chokshi, Commissioner, *Reporting and Planning Requirements for Newborns Prenatally Exposed to Substances and Their Caregivers*, City of N.Y. (Nov. 12, 2020), https://www1.nyc.gov/assets/acs/pdf/child_welfare/2020/PositiveToxicology.pdf.

informed consent and then reporting them to child protective services is an integral part of improving health outcomes for pregnant patients and their newborns, repairing the provider-patient relationship, and establishing more equitable health care. Thank you.

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New York City Council Committee on Health Jointly with the Committee on Women and Gender Equity
Oversight – Addressing Disparities in Women's Health

Testimony of EmblemHealth

February 14, 2023

EmblemHealth would like to thank Chair Schulman, Chair Louis, and the members of the Committee on Health and the Committee on Women and Gender Equity for holding this hearing and providing the opportunity to express our support and commitment to addressing disparities in women's health.

The EmblemHealth family of companies provides insurance plans, primary and specialty care, and wellness solutions. As one of the nation's largest community-based non-profit health insurers, we have over 80 years of local experience, and proudly serve more than two million New Yorkers. We operate 14 EmblemHealth Neighborhood Care centers across New York City's five boroughs and will soon be opening an additional location in the Bronx, where we provide free in-person and virtual support, access to community resources, and culturally competent programming to all community members. Many of our Neighborhood Care centers are co-located with our partner medical practice, AdvantageCare Physicians (ACPNY), which provides primary and specialty care, including Obstetrics and Gynecology. ACPNY provides care at over 30 offices in the New York area to approximately 500,000 patients a year, including at 10 offices in designated Medically Underserved Areas and 16 in Primary Care Health Professional Shortage Areas.

Across our family of companies, over 75% of employees identify as women, and over 65% of our director and above leaders identify as women. We are also led by women at the highest levels, including our CEO Karen Ignagni, and Dr. Navarra Rodriguez, President and Chief Medical Officer of ACPNY.

Our experience as a nonprofit, mission-based health plan with a strong commitment to the communities we serve has taught us the importance of addressing each woman's unique needs. As Mayor Adams and other City leaders have noted, our historically male-dominated institutions have often neglected these needs. We strongly support the Committee's attention to developing programs focused on women's health. We hope to be a partner with you in these efforts. Below please find a description of some of our activities that may be helpful as you pursue these goals.

For example, we have created resources and established partnerships that support women across all stages of life. In order to support individuals as they navigate pregnancy, labor, and delivery,

we have created self-advocacy checklists that can be printed out and used as a resource.[1] Our care management team has created a Healthy Futures Program designed for expectant mothers who are high-risk or enrolled in Medicaid, to ensure safe and healthy pregnancies. The comprehensive program manages and supports the medical, social, and behavioral health needs of mothers and monitors hospital admissions, discharge planning, and transitions of care.

We also know that across New York and nationwide, Black women continue to experience pregnancy-related complications, deaths, and premature births at disproportionate rates. To address this critical issue, we hosted a webinar for community members on Black Maternal Health, that is available online, and provides education and actionable tips for individuals and their loved ones to use throughout their pregnancy journey.[2] We were honored to receive support and remarks from Speaker Adrienne Adams and Assemblymember Michaelle Solages for this webinar, as we work together to bring education and resources to the communities we serve.

Doulas also play an important role in reducing disparities. As Statewide Medicaid coverage has expanded to allow for improved access to doula services, EmblemHealth has been leading a collaborative effort with the New York City Department of Health and Mental Hygiene, Mae Health, Planned Parenthood, and the Community Service Society of New York to develop recommendations for this new benefit and related recommendations for data, reporting and resources to make the program a success in improving maternal health outcomes. EmblemHealth is also partnering with a virtual lactation consultant group called SimpliFed starting in Spring 2024, to provide members with lactation support after leaving the hospital, between doctor's visits, and to help create a feeding plan before the baby is due.

In order to meet the needs of women at all stages of life, EmblemHealth piloted a program for its employees with Elektra Health, a next-generation digital health platform empowering women to take control of menopause through evidence-based education, one-on-one support, customized wellness plans, and more. After a successful pilot, Elektra Health is becoming a specialty menopause provider for EmblemHealth members, with more details to be announced in Spring 2024.

We are also working to meet community members where they are and to bring resources and education directly to them. In 2023, we participated in several maternal health education events, including the NYC Public Advocate Jumaane Williams Black Maternal Health Expo, and collaborated with the New York City Police Department to host five community baby showers. We also hosted six mammography events in partnership with Lenox Hill Radiology, where we promoted self-care, and those who came in for a mammogram were also able to get a free chair massage. We also hosted a mammogram van at one of our ongoing Un Futuro Saludable events, which provide resources, health education, and screenings to Spanish-speaking community members. Our presence in the community is also bolstered by our Neighborhood Care sites across New York City, which provide connection to needed resources such as WIC and SNAP

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[1] emblemhealth.com/live-well/womens-health

[2] emblemhealth.com/news/press-releases/emblemhealth-supports-black-maternal-health-for-new-yorkers

benefits, one-on-one support, and virtual and in-person classes that address whole body and mind wellbeing.

We know that reducing disparities in women's health will require a coordinated effort to ensure that all New Yorkers have equitable access to comprehensive, culturally competent care and resources. We hope to continue to be a constructive partner and resource to the City Council to ensure that our neighbors and communities have healthy futures, and we look forward to continuing to work with you to achieve these goals.

Planned Parenthood
Care. No matter what.
Planned Parenthood of Greater New York

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Testimony of Planned Parenthood of Greater New York before the New York City Council Committee on Women and Gender Equity and Committee on Health

Good morning. My name is Elise Benusa, I am the Government Relations Manager at Planned Parenthood of Greater New York (PPGNY). Thank you to the Committee Chairs, Council Member Louis and Schulman, for holding this important hearing addressing disparities in women's health. PPGNY has four main subjects to address regarding disparities in women's health; abortion access, dignified patient access to reproductive health care centers, maternal health care, and new arrival health care.

PPGNY has been a leading provider of sexual and reproductive health services in New York City for more than 100 years, conducting over 132,000 patient visits per year. PPGNY provides a wide range of health services including access to birth control; emergency contraception; gynecological care; cervical and breast cancer screenings; coloposcopies; male sexual health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; and pregnancy testing, options counseling, and abortion. We also provide PrEP and PEP, Gender-Affirming hormone therapy, vasectomies, and menopausal hormonal therapy. We are a trusted name in health care because of our commitment to comprehensive, inclusive care.

Abortion Access

Since the overturning of *Roe v. Wade* in 2022, ending the constitutionally protected right to abortion care, 26 states have imposed severe abortion restrictions. Fourteen states have enacted abortion bans, barring abortion care at various points during an individual's pregnancy. Despite efforts by anti-abortion state governments to curb access to abortion care, Americans overwhelmingly support abortion with 85% stating abortion should be legal (Planned Parenthood).[1] In fact, in the months since the Supreme Court decision to overturn *Roe v. Wade*, several states, including Ohio and Kansas, have had their anti-abortion policies rolled back or blocked through a series of ballot initiatives.

Unfortunately, the attacks on abortion continue, and individuals in need of this vital health care are not only worried about their ability to get care but are being criminalized for <u>any</u> loss of pregnancy – whether by way of abortion or miscarriage.

[1] Planned Parenthood: Action Fund (2022). Retrieved from Roe v. Wade Overturned: How the Supreme Court Let Politicians Outlaw Abortion (plannedparenthoodaction.org)

In Ohio, Brittany Watts, a Black woman, was criminally charged after experiencing a miscarriage due to strict abortion policies enacted after the Dobbs decision. Kate Cox in Texas was forced to leave the state for abortion care after being denied a medical exemption to the state's near total abortion ban.

At Planned Parenthood of Greater New York, we know the emotional trauma and economic toll abortion bans have on people in states like Ohio and Texas. We have listened as patients describe their journeys thousands of miles across state lines to reach New York. New York proudly serves as an abortion access state for everyone who needs compassionate, nonjudgmental abortion care. Our message to the rest of the country must be loud and clear: abortion is health care, and it is still your legal right here in New York State. As the Supreme Court and conservative state governments continue to enact harmful abortion bans, New York must continue to welcome those traveling hundreds or thousands of miles to secure the care they need, while supporting those in need in our state.

In response to the SCOTUS decision overturning *Roe v. Wade*, PPGNY hired Patient Navigators to help individuals forced to travel to, and living in, NYC secure the care they need from a trusted provider. The Patient Navigation team helps guide patients through the abortion care system and works to overcome obstacles they face while working to improve the systems and processes that shape access at the clinical and ecosystem levels. They help patients book appointments; utilize existing abortion funds to cover the costs of care, travel, and lodging; and understand payment and insurance options. They work with external stakeholders and organizations to build and strengthen relationships, systems, and processes that support access to abortion care and ensure individuals can safely secure care.

PPGNY applauds the New York City Council for their legislative leadership to ensure every New Yorker and folks traveling to our state for reproductive care receives the quality care they deserve without fear or financial burden. As abortion restrictions continue to be enacted, it is imperative to continue to fund abortion access through the city's budget and the NYC abortion access hub. Our recommendation to the Council is to streamline the funding acquiring process to ensure vital organizations like New York Abortion Access Fund and the Bridge Alliance are receiving the resources they need to provide lifesaving support to patients in New York and across the country.

Clinic Access

In the months since the overturning of *Roe v. Wade*, our PPGNY health centers have experienced an increase in anti-abortion protests. Our Manhattan health center has experienced an exponential increase in protesters, a combination of members of the anti-abortion local church, pro-abortion "clinic defenders," and NYPD officers, including members of the Strategic Response Group.

On the first Saturday of each month, anti-abortion protesters march from their church to our health center. Their procession concludes outside of the Manhattan health center, where they engage in a ritual that is intended to shame patients who are entering and leaving the health center for vital reproductive health services. This attracts large crowds on either side of the issue, leading to a disruption in patient care. On one occasion, there were as many as 300 individuals congregated outside the health center.

PPGNY patients, staff, and volunteers regularly face physical and verbal harassment by the anti-abortion protesters. Everything from following patients to entrances, directly engaging patients verbally and forcing harmful pamphlets and images upon them, masquerading as a Planned Parenthood clinic escort, and sometimes creating physical barriers that stop patients from entering health centers.

These tactics are not only disruptive, but they border on illegal or are illegal. We have seen patients, concerned about the protests, miss their appointments so they can avoid inevitable harassment. At other times, patients inside the health center hear the throngs of people outside, escalating an already often emotionally charged situation for them.

PPGNY has been in regular communication with legislators, community partners, and the NYPD to uplift the concerns we have regarding patient access. What the increased protestor activity shows us is that more should and can be done to stop anti-abortion protestors from disrupting our patients and staff. We look forward to working with the Council to explore solutions to address this issue. One pathway we must explore is the current event/parade permit issuing process that allows the church group to march to the health center, often with NYPD escorts. Resolving these issues will be a critical step in New York being a true reproductive rights access state and will ensure that NYC is living up to its values.

Maternal Health

The United States has the highest rate of maternal mortality in the developing world, about 17.4 deaths per 100,000 live births (Lancet, 2016).[2] Nested within these numbers are drastic racial disparities: nationally, Black women are three to four times more likely to die from pregnancy related causes than white women. In New York City, Black women are eight times more likely to die from pregnancy related causes than their white counterparts (Center for Reproductive Rights, 2014).[3] To address these disparities, PPGNY wants to uplift the following recommendations

[2] Lancet. (2016). Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet 2016: 388; 1775-812.

[3] Center for Reproductive Rights. (2014). Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care. United Nations Committee on the Elimination of

Racial Discrimination. Retrieved from https://www.reproductiverights.org/sites/default/files/documents/CERD_Shadow_US_6.30.14_Web.pdf

from Ancient Song Doula Services, a community-based organization advocating for birth justice, via a report titled *"Advancing Birth Justice": Community-Based Doula Models as a Standard of Care for Ending Racial Disparities*:[4]

1. Adjust reimbursement rates to ensure that doulas have the opportunity to earn a living wage.
2. Collaborate with and invest in community-based doula programs to ensure that doulas enrolled in Medicaid reimbursement programs are equipped to serve communities of color and low-income communities.
3. Support best practices through training and certification, doula supervision and mentorship and peer support.
4. Develop a comprehensive approach to wellness and support by ensuring organizations or agencies are equipped with the structure, relationships, and process in place to provide the network of referral resources needed to appropriately serve clients with complex social needs.
5. Provide funds to train and certify a diverse doula workforce.
6. Incorporate community engagement as an essential component to improve health equity.
7. Take active steps to raise awareness about the benefits and availability of community-based doulas among health professional groups and associations and health care, and service delivery systems to increase uptake of doula services.

New Arrival Health Care

In response to the growing influx of asylum seekers in the city, PPGNY has formally partnered with NYC Health + Hospitals (NYC H+H) to ensure our services are readily available to all in need of sexual and reproductive health care. What we have learned through our engagement with NYC H+H is that there is a need for care including abortion services, family planning, STI testing and treatment, sexuality health education, and health care navigation. PPGNY's Promotores de Salud program and Project Street Beat mobile health unit offer culturally competent health programs and services to all those in need, and our teams are able to address many of the unique issues this community faces. We are actively working to make our services available at the various Humanitarian Emergency Response and Relief Centers (HERRCs) throughout the city. It is imperative that The Council continue to ensure newly arrived community members have access to quality health care and resources.

PPGNY believes these recommendations will address many health care disparities women in our city face. We proudly stand alongside our reproductive health, rights, and justice champions in New York, who have worked tirelessly to ensure everyone has access to reproductive health and rights.

[4] Bey, A., Brill, A., Gradilla, M., Porchia-Albert, C., Strauss, M. (2019). ANCIENT SONG DOULA SERVICES VILLAGE BIRTH INTERNATIONAL EVERY MOTHER COUNTS. *SISTER SONG, 26-27.* Microsoft Word - Advancing Birth Justice CBD Models as Std of Care 3 25 19[2].docx (everymothercounts.org)

Thank you.

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Planned Parenthood of Greater New York (PPGNY) is a leading provider, educator, and advocate of sexual and reproductive health care in New York State. PPGNY offers a wide range of services across 65% of NYS - including gynecological care; birth control; cancer screenings; pregnancy testing; STI testing and treatment; HIV prevention, testing, and counseling;
Gender-Affirming hormone therapy; and vasectomy. PPGNY is also proud to provide abortion
services to anyone who needs compassionate, non-judgmental care. PPGNY is a trusted source of medically accurate, evidence-based information that allows people to make informed decisions about their health and future. As a voice for reproductive freedom, PPGNY supports legislation and policies that ensure all New Yorkers have access to the full range of reproductive health services and education.

Testimony of Public Health Solutions
Before the New York City Council
Committee on Women and Gender Equity Jointly with the Committee on Health
Oversight – Addressing Disparities in Women's Health
T2024-0273
February 14, 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 Louis, and Councilmember Schulman, I 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 women and children to address disparities in women's health. We applaud the first women-majority Council for its continued focus on advancing legislation and policies that promote women's issues. We know women's health is tied to the economic performance of a country. According to the World Economic Forum, improved access to women's health services can help achieve sustainable development goals and reduce hunger and poverty, promote healthy lives and well-being, ensure primary education and achieve gender equality, women empowerment and sustainable economic growth.

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 women and families. In 2022, our Neighbor Health direct services, provided services to more than 125,000 New Yorkers. We are doing our part to help address health disparities, are proud to be a trusted community resource and would like to share an overview of some of this work below.

Sexual and Reproductive Health
PHS has been a federal Title X Grantee for New York City for over 40 years, administering grants for multiple sub-recipients, including Planned Parenthood of Greater New York, Community Healthcare Network and The Door. PHS leverages its expertise to extend the reach of family planning services beyond Title X through its groundbreaking capacity-building model to improve SRH services for those who receive primary health care from non-Title X funded federally qualified health centers (FQHCs).

Through a combination of federal Title X, New York State Family Planning Program (FPP) funding, and billable activity, PHS also operates two Article 28 licensed Sexual and Reproductive Health Centers (SRH Centers). Our SRH Centers, located in Fort Greene (295 Flatbush Ave Extension, 11201) and Brownsville

(1873 Eastern Parkway, 11233) Brooklyn, NY provide high quality care that is patient-centered, trauma-informed and focused on reproductive justice.

The SRH Centers have been a trusted resource in their communities for over 55 years and provide critical care to some of the borough's most marginalized residents. We are often the only source of health care for our patients. Many of our clients have been coming to us for years and across multiple generations. Our patients have had their babies with us, and their babies have had their babies with us. Our staff have earned a deep level of trust from our patients and often live in the same neighborhoods where our patients live. The SRH Centers' services include access to the full range of FDA-approved contraceptive methods as well as patient-centered contraceptive counseling; prenatal care, medication abortion, pregnancy testing and non-directive options counseling; patient-centered reproductive life planning and education; basic infertility services; sexually transmitted infection (STI) education, screening and treatment; HIV education, testing, counseling and referral for treatment; PrEP and PEP, including the NYS PrEP assistance program; behavioral health screening, cognitive behavioral therapy; and related preventive services, such as HPV and influenza vaccinations, cervical cancer screening and referrals for primary and specialty care. We serve about 2,500 Brooklyn residents a year and work with many local middle and high schools to provide evidence-based sexual health education to about 5,000 teenagers annually.

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. Family Connect unifies access to 1) home visiting programs, 2) other community based maternal child health (MCH) supports such as doulas, group health education, breastfeeding support, and crib and diaper access, and 3) connections to services that address the social determinants of health (e.g., food access, job training, insurance, literacy, education). Additionally, PHS' NYC Breastfeeding Warmline, launched in 2020 during the height of the COVID-19 pandemic, provides timely and culturally relevant and respectful breastfeeding support to hundreds of new parents and newborns each year and has become an important component of supporting families. We also work to advance maternal and child health policies and practices that improve access to services and equity, including facilitating the Queens Birth Justice Hub, where we collaborate with community members and clinical providers to advance birth justice and equity.

PHS' Maternal and Child Health unit 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. In addition to providing a foundation of health and parenting education, home visitors facilitate connection to prenatal care, doulas, breastfeeding support, baby supplies, safe sleep education, health insurance, WIC, and SNAP benefits, behavioral health and more. These home visiting programs include Nurse Family Partnership (NFP), Healthy Families, Queens Healthy Start, the Perinatal Infant Community Health Collaborative, and more.

Our approach is to serve as a cornerstone of support and care for pregnant and parenting families in neighborhoods that are medically underserved with higher rates of adverse maternal infant health outcomes,

low-income, and/or predominantly communities of color with significant unmet health needs among women of reproductive age. We provide a comprehensive array of individual and group health education in a 'stress-free zone' approach, focusing on maternal mental health, fatherhood support, and physical wellness as well.

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 both education and food to supplement their diet at nine Neighborhood WIC sites in high-need areas of Brooklyn, Queens, and the Bronx. 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.

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.

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.

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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.

URINYC®
Urban Resource Institute

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Testimony of Urban Resource Institute before the New York City Council Committees on Women and Gender Equity & Health on Addressing the Disparities in Women's Health

February 14, 2024

Good morning. My name is Lauren Schuster. I am the Vice President of Government Affairs at Urban Resource Institute (URI). Thank you, Chairs Louis and Schulman for convening this important hearing to examine and address the disparities in women's health and for providing the opportunity to present testimony today.

Urban Resource Institute is the largest provider of domestic violence shelter services in the country, in addition to being a leading provider of transitional housing to families experiencing homelessness. URI is committed to ending cycles of violence and homelessness by providing trauma-informed and client-centered support to the families in our care. In addition to transitional housing, URI helps families to achieve economic wellness, we work with youth and in communities to interrupt cycles of violence and we are committed to engaging people who have caused harm in the solutions to end that violence.

On any given night, URI provides temporary housing to 3,900 people in the safety of one of our temporary homes. Each year, we provide services to approximately 40,000 people who have experienced homelessness or violence.

Domestic violence poses a serious and growing threat to public health and safety. Though domestic violence does not discriminate based on gender identify or sexual orientation, here in New York and across the country, women continue to be disproportionately impacted by domestic violence. Between 2010 and 2022, women accounted for 77.1% of all victims of domestic violence homicides in New York City, while accounting for a little more than half
of the overall population. (FRC)

The rates of homicide and felony assaults related to domestic violence have increased. Between the one-year period of 2021 and 2022, domestic violence homicides increased by 29% citywide. The increases were even more pronounced on a borough level, with Brooklyn experiencing a 225% increase in DV homicides and the Bronx experiencing a 57% increase over the same time period.

Just this past weekend in the Bronx, Saida Bonilla, 40-year-old Black woman was shot and killed by her former partner, an individual who allegedly was stalking her and who Saida's family reports had been abusing her throughout their relationship. The individual also shot Saida's nephews, ages 16 and 9 years old. A domestic violence homicide such as this one has long lasting impacts that ripple out through generations of families and communities. These children, their families and the families of everyone

involved in this situation, including friends, neighbors and members of the community, will be grappling with the physical, emotional and psychological impact of this tragic situation for years to come.

Continually, Black women like Saida, continue to be disproportionately impacted by domestic violence. The same is true for Latina women and yet resources to support this marginalized community are scarce.
According to the New York City Domestic Violence Fatality Review Committee 2023 Annual Report, "Black females have experienced the highest rates of domestic violence homicide for decades. Between 2010 and 2022,
Black people were 2.4 times more likely than members of other racial/ethnic groups to be domestic violence homicide victims, including almost 2 times more likely to be victims of an intimate partner homicide and almost 2.8 times more likely to be victims of a homicide by another family member.

Domestic violence is a serious and growing public health problem. Like many other persistent public health problems, it impacts marginalized communities in more significant ways. And like other growing public health problems, as a City, we have a responsibility to mobilize resources to slow the rates of domestic violence."
The data shows that Black women, while accounting for only 21% of the population, represent 41% of intimate partner homicides, while Hispanic women, just 28% of the population, account for 36% of these incidents.

Members of the LGBTQ+ community are also more likely to experience domestic violence. According to the National Coalition Against Domestic Violence (NCADV),"43.8% of lesbian women and 61.1% of bisexual women have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime, as opposed to 35% of heterosexual women." Black trans women have some of the highest rates of DV homicides in the country.

Domestic violence often disproportionately impacts gay men and is worse for people who identify as transgender.

Domestic violence is not inevitable. We can stop domestic violence by investing in community-led solutions that center equity and the voices of survivors and impacted communities. We must invest in violence prevention that is specifically designed to address family violence. Investing in youth violence prevention and healthy relationship education, particularly in high-risk communities, has the potential to help interrupt the cycles that fuel domestic violence.

At the same time, we must also invest in programs that provide people who have caused harm with the support necessary to navigate life and interpersonal relationships without violence. Many people who have caused harm have experienced violence themselves. Without excusing violent behavior, it is vital

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that we understand the impact that violence has had and provide tools to stop the violence, while requiring accountability and providing access to wrap around supports, such as housing, employment and health services, to name a few.

And we must build out a more robust network of services that empower survivors and help them to achieve safety and healing. Expanding funding for and access to programs that provide survivors and their families with access to direct cash assistance, financial advocacy, economic empowerment and workforce development services will make it easier for survivors to seek safety and rebuild their lives.

Economic abuse is lethal. Nearly all survivors of economic abuse report that they have experienced some level of economic abuse. And the majority cite it as among the top reasons that they stay in or return to an abusive situation. Providing survivors with access to no-string or low-barrier cash assistance could save their lives.
Domestic violence isn't just a personal problem that happens behind closed doors. It affects entire communities in varied and complex ways.

According to the United States Centers for Disease Control, nearly 75% of female domestic violence survivors and 48% of male domestic violence survivors experience some form of injury as a result of domestic violence. Here in New York, while most categories of violent crime have decreased, the number of felony assaults has increased, driven in part by domestic violence. A whopping 30% of all felony assaults occurred within the context of domestic violence.

While domestic violence is personally devastating, this level of sustained violence has significant impacts on the economy and other systems. The CDC puts "the lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs at $3.6 trillion" nationally. The cost of IPV over a victim's lifetime was $103,767 for women and $23,414 for men.

Domestic violence is among the single largest drivers of homelessness: more than 40% of all families in New York's family homelessness system are there as a result of domestic violence. These families are more likely to need access to other public benefits, and financial and emotional supports as a result.

One cannot have a conversation about public health and safety for women in New York City without discussing the impacts that domestic violence has on families and communities, particularly in already marginalized communities with a history of dis- or underinvestment. If we mobilize resources to address domestic violence in the same way that we do other public health crises, we have a real opportunity to reduce harm and make New York safer and healthier for everyone.

URI looks forward to continuing to partner with the New York City Council in this important work. Thank you.

NYC COALITION FOR DOMESTIC WORK

OUR WORK IS ESSENTIAL

Testimony of The New York City Coalition for Domestic Work
to the Hearing of the New York City Council's
Women's Committee Regarding Women's Health Disparities

Testimony Presented by Tatiana Bejar,
Director of Local Organizing Programs, National Domestic Workers Alliance
February 14, 2024

The New York City Coalition for Domestic Work (NYCCDW) is a movement of domestic workers, domestic employers, parents, family caregivers, older adults, and people with disabilities working together to transform New York City's care economy into one that is equitable and sustainable for all. The NYCCDW's leading organizations are the National Domestic Workers Alliance NY, Adhikaar, Carroll Gardens Association, La Colmena, and Hand in Hand: The Domestic Employers Network. On behalf of the NYCCDW, I respectfully request your support for the **Domestic Worker and Employer Empowerment Initiative for FY25**, which will provide $700,000 in much-needed funding for outreach, education, and enforcement support to over 8,000 domestic workers and employers this year.

In the United States, around 2.2 million domestic workers care for our families and homes, providing essential work every day of the year. They are the nannies who nurture and raise our children, the housecleaners who bring order to our homes, and the direct care workers who ensure our loved ones who are aging or living with disabilities receive the assistance they need to live with dignity and independence in their homes. Yet, despite their essential contributions, domestic workers are among the most undervalued workforce and vulnerable members of our society.

Our city has an estimated two hundred thousand domestic workers, and approximately 2.7 million households employ domestic workers in New York State. Every year, paid care work adds more jobs to New York City's economy than the next 7 top occupations combined--more than nurses, fast food workers, building cleaners, accountants, and software developers combined. This growth is most dramatic among home care aides, who play a central role in supporting the city's aging population. Yet, as the need for paid care jobs grows, the quality of these jobs remains stagnant. Domestic workers in NYC continue to be underpaid and lack benefits such as paid time off, healthcare, and retirement. The vast majority of domestic

workers are women and people of color, so poor conditions exacerbate racial and gender inequality in our city.

Domestic workers are struggling economically, facing low wages and economic hardship. The median annual income among New York City domestic workers is only $21,320. The median among all other workers is $51,250. With such low wages, 54% rely on public assistance programs, including Medicaid and SNAP. 34% support children under the age of 18, including 15% who are single parents.

In 2014, the New York City government passed paid sick leave, and in 2020, at the peak of the coronavirus pandemic, this protection was extended to 40 accrued hours per year for domestic workers. However, domestic workers still struggle to access these benefits, impacting dramatically their health. While we have celebrated many significant legislative wins since 2010, including the New York Domestic Worker Bill of Rights, the NYC Paid Safe and Sick Leave, and recently, Local Law 81, which incorporates domestic workers in the NYC Human Rights Law, a majority of workers do not know their rights or how to enforce them. Similarly, employers do not understand their legal obligations. The Domestic Worker and Employer Empowerment Initiative must continue providing outreach, education, and direct services to domestic workers and employers in New York City, such as Know Your Rights trainings, contract negotiations, job coaching, financial literacy, and more. The Initiative will support investigations of rights abuses, create referrals to the City Commission on Human Rights (CCHR) and Department of Consumer and Worker Protection (DCWP), who are key partners of our movement, and broaden enforcement of the laws that protect domestic workers.

Supporting the Domestic Worker and Employer Initiative in this budget session is supporting women’s rights, in particular women of color and immigrant women, groups that are more vulnerable to exploitation, and also women who employ domestic workers so they get all the needed information and guidance to comply with the law and be good employers. We look forward to working with you to build a city where domestic work is valued and dignified.

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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. Michelle Morse (DOHMH)

Address: Chief Medical Officer (CMO) and

I represent: Deputy Commissioner at the Center

Address: at the Health Equity and Community Wellness (CHECW)

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(PLEASE PRINT)

Name: Dorea Kyra Batté

Address: 32 Broadway, New York, NY 11101

I represent: Legal Momentum

Address: 32 Broadway, New York, NY 11101

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(PLEASE PRINT)

Name: Chris Norwood

Address: 552 Southern Blvd

I represent: Health People

Address: _____

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Date: 2/14/24

(PLEASE PRINT)

Name: Christopher Leontjonson

Address: [redacted] Buffalo Ave [redacted]

I represent: Self

Address: _____

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