

# A More Just Future for Medicine and Public Health

**Michelle Morse, MD, MPH**

Chief Medical Officer | Deputy Commissioner  
Center for Health Equity and Community Wellness  
New York City Department of Health and Mental Hygiene  
(NYC Health Department)

March 15, 2021

*“There is a natural nexus between public health and health care delivery and it’s something we need to continue building on; we must tear down the walls between those two worlds so that we can achieve the common cause of promoting health. Health equity is central to this goal because inequities are what we need to solve if we’re actually delivering on the mission of improving health.*

***In NYC, the Chief Medical Officer role will help us effectively align public health and health care delivery to promote the achievement of optimal health for all New Yorkers.”***

Dr. Dave A. Chokshi, NYC Health Commissioner

# CMO Mission

The CMO's mission is to **develop and implement anti-racism policies and programs** that advance health equity and accountability in partnership with Health Department divisions and health care delivery organizations.

The CMO will raise the visibility of the biggest health equity challenges and will **move resources to the places, spaces, and programs** that address them through collaboration with neighborhood-based and citywide health care delivery organizations.

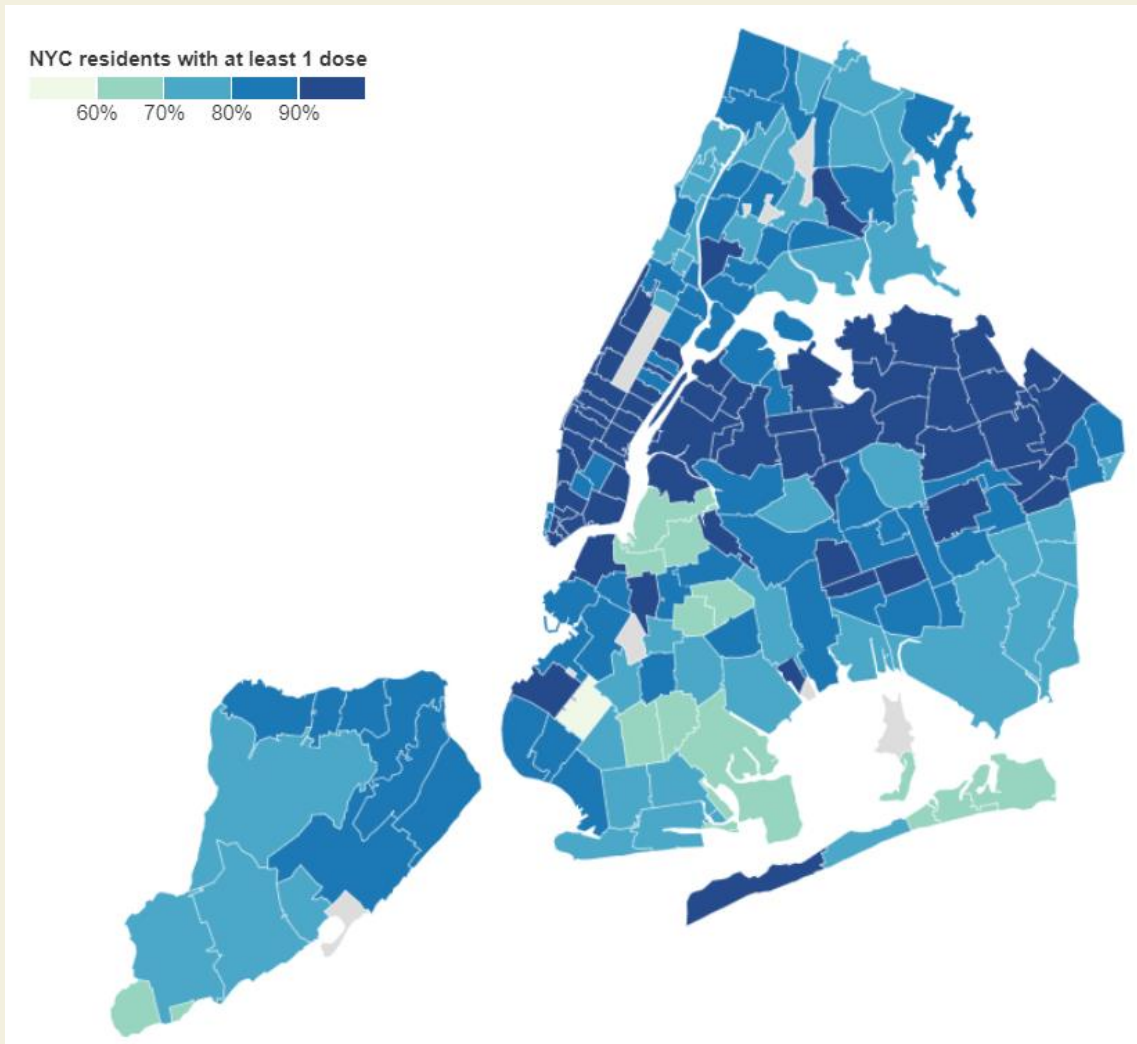
# CMO Vision and Goals

1. Bridging Public Health and Health Care
2. Anti-Racist Health Policy
3. Accountability

# CMO Vision and Goals

1. Bridging Public Health and Health Care
2. Anti-Racist Health Policy
3. Accountability

# COVID-19 Inequities



All Ages Children Adults

Total NYC residents vaccinated

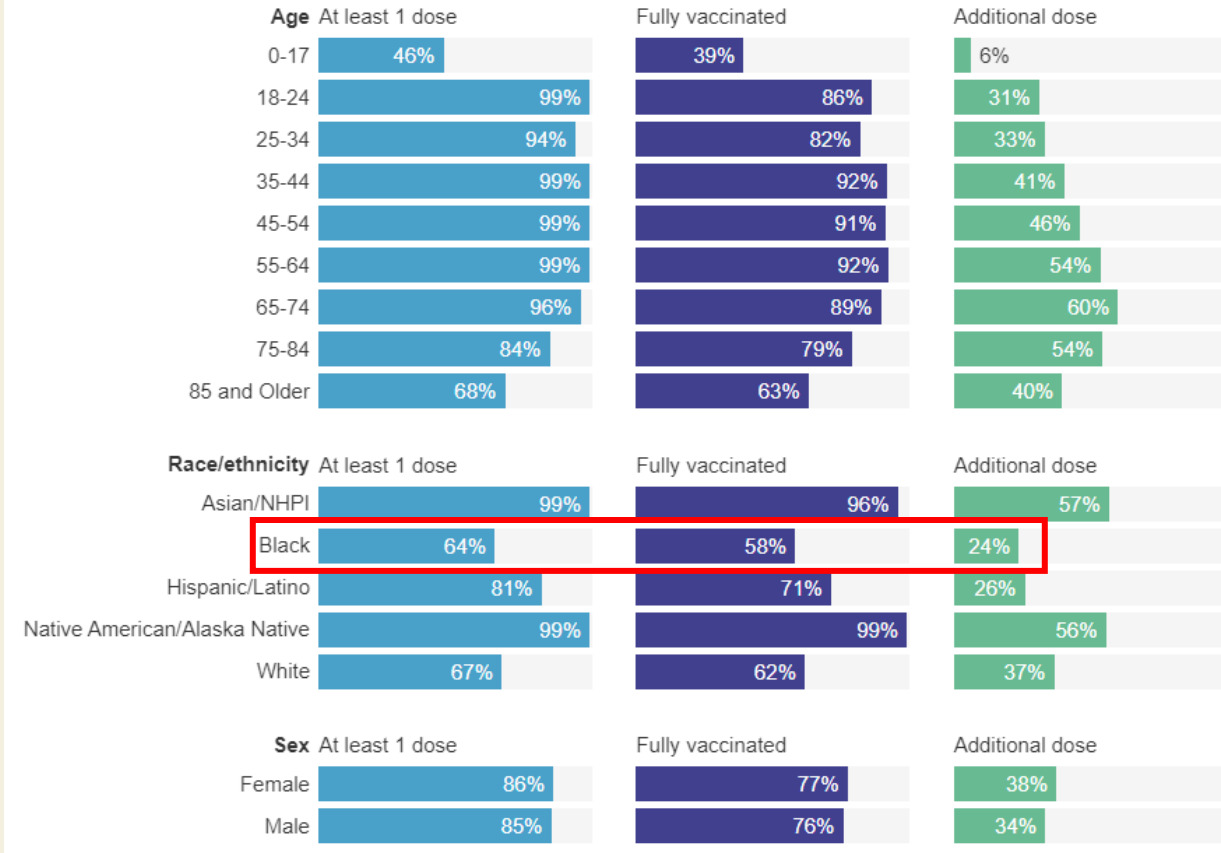
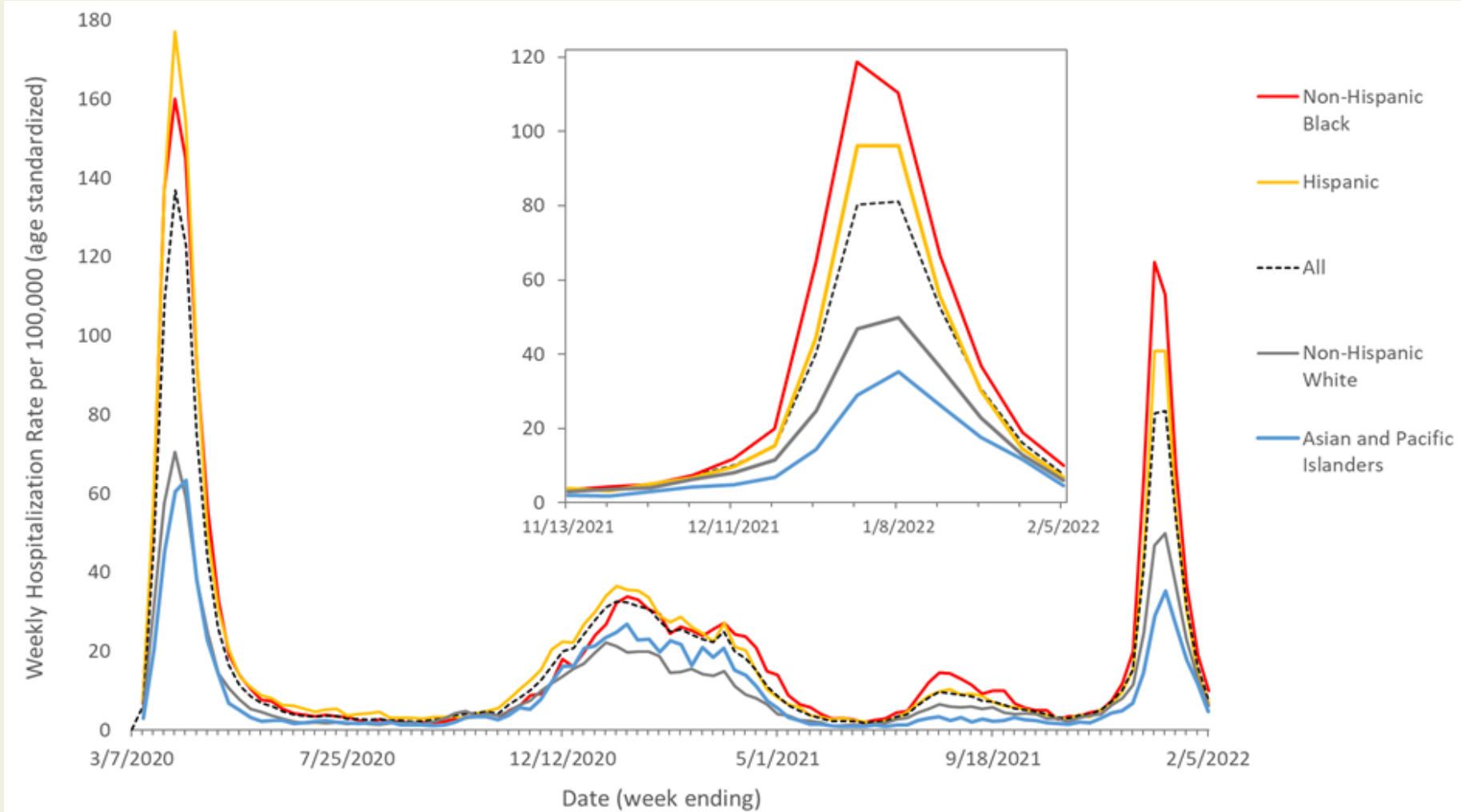


Image source <https://www1.nyc.gov/site/doh/covid/covid-19-data-vaccines.page#people> as of 3/15/22

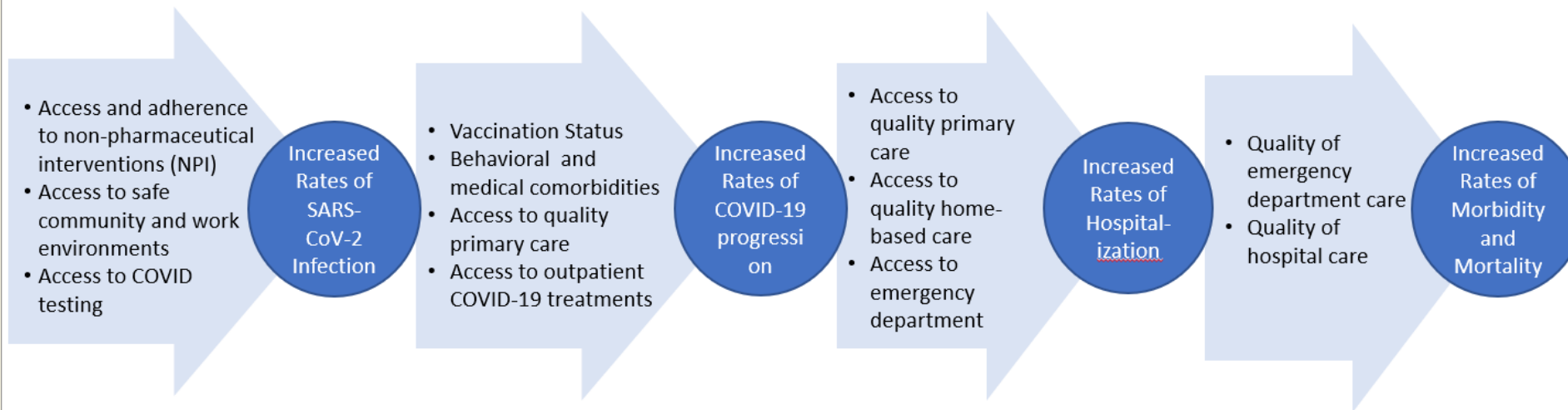
# BLACK HOSPITALIZATIONS DURING OMICRON WAVE



DOHMH Report Issued February 2022 - [Racial Inequities in COVID-19 Hospitalizations During the Omicron Wave in NYC](#)

# FRAMEWORK FOR UNDERSTANDING DRIVERS OF INEQUITY

## Structural Racism and Increased COVID-19 Hospitalizations Among Black People



### Structural Factors

- Racial wealth gap
- Mass incarceration
- Limited workers rights
- Immigration Status
- Educational inequities
- Intersectional discrimination (sexism, transphobia, homophobia)

### Environmental Factors

- Segregated housing
- Multigenerational housing
- Congregate housing
- Essential worker status
- Food deserts

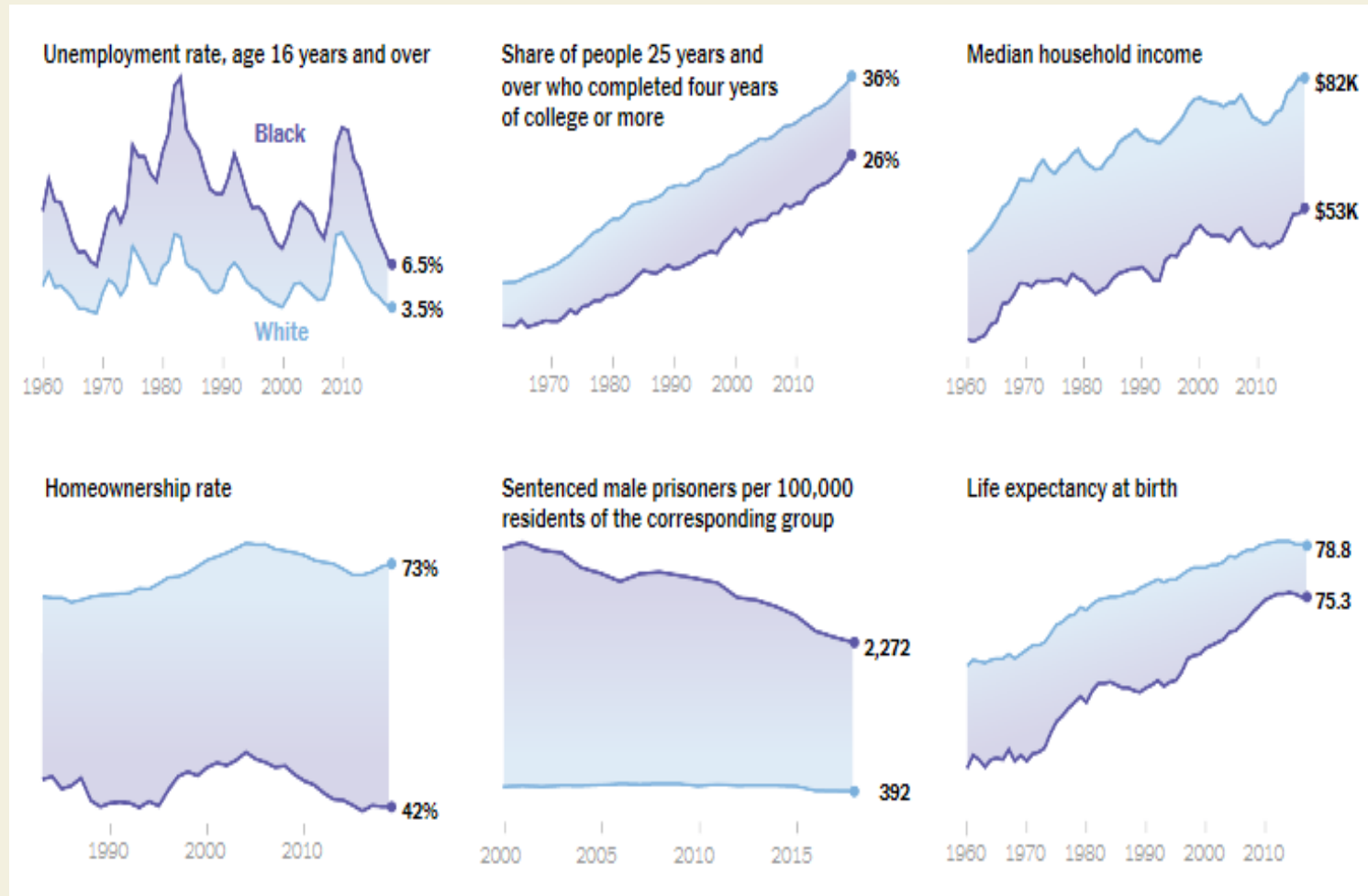
### Downstream factors

- Inadequate health insurance
- Healthcare segregation
- Anti-Blackness in healthcare institutions
- Weathering effects of racism
- Inadequate collection and monitoring of healthcare race data

DOHMH Report Issued February 2022 - [Racial Inequities in COVID-19 Hospitalizations During the Omicron Wave in NYC](#)



# Black-White Inequities: 1960 to 2010



Sharkey, P., Taylor, K.-yamahtta, & Serkez, Y. (2020, June 19). [The gaps between white and black America, in charts. The New York Times.](https://www.nytimes.com/interactive/2020/06/19/opinion/politics/opportunity-gaps-race-inequality.html) <https://www.nytimes.com/interactive/2020/06/19/opinion/politics/opportunity-gaps-race-inequality.html>.

# CMO Vision and Goals

1. Bridging Public Health and Health Care
2. **Anti-Racist Health Policy**
3. Accountability



NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
Dave A. Chokshi, MD MSc  
Commissioner

FOR IMMEDIATE RELEASE  
Monday, October 18, 2021

## BOARD OF HEALTH PASSES RESOLUTION DECLARING RACISM A PUBLIC HEALTH CRISIS

*The resolution recognizes the impact of racism on health during the COVID-19 pandemic and beyond*

*The resolution requests several actions from the Health Department including making recommendations to the NYC Racial Justice Commission, establishing a Data for Equity working group, performing an anti-racism review of the NYC Health Code, and issuing a semi-annual report on progress associated with this resolution*

**October 18, 2021** – The New York City Board of Health today passed a [landmark resolution on racism as a public health crisis](#), requesting that the Health Department expand its anti-racism work. The resolution institutionalizes the vision behind the [Health Department's June 2020 declaration](#) and requires that the Department develop and implement priorities for a racially just recovery from COVID-19, as well as other actions to address this public health crisis in the short and long term.

“To build a healthier New York City, we must confront racism as a public health crisis,” said **Health Commissioner Dr. Dave A. Chokshi**. “The COVID-19 pandemic magnified inequities, leading to suffering disproportionately borne by communities of color in our City and across our nation. But these inequities are not inevitable. Today is an historic day for the country’s oldest Board of Health to officially recognize this crisis and demand action.”

“We’ve seen for years the negative impact racism has in our public health data and today, we’re recommitting ourselves to building a more equitable City,” said **First Deputy Commissioner and Chief Equity Officer Dr. Torian Easterling**. “I thank the Board of Health for sharing our commitment to dismantling systemic racism.”

# Board of Health Resolution: Declaring Racism as a Public Health Crisis

**WHEREAS**, settler colonialism, indigenous genocide, and enslavement of Africans are part of the history of our nation;<sup>16, 17</sup> and

**WHEREAS**, these original injustices have been without comprehensive restitution or redress;<sup>18</sup> and

**WHEREAS**, racism is a race-explicit system and anti-racism requires race-explicit strategies; and

**WHEREAS**, the work of undoing racism is grounded in love, as well as science and civic duty. This love is not sentimental, rather it is what James Baldwin called “the tough and universal sense of quest and daring and growth.”

New York City Board of Health Resolution, October 2021 [racism-public-health-crisis-resolution.pdf \(nyc.gov\)](https://www.nyc.gov/racism-public-health-crisis-resolution.pdf)

# CMO Vision and Goals

1. Bridging Public Health and Health Care
2. Anti-Racist Health Policy
3. **Accountability**

# NYC Coalition to End Racism in Clinical Algorithms (CERCA)

## What?

A citywide effort mediated through a coalition would provide a shared timeline and vision for removing these structures from both the health care delivery and educational institutions of medicine.

## Why?

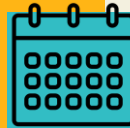
Efforts are needed to end race adjustment at scale, quantify the impact on health inequities, and proactively initiate city-wide outreach to patients whose care was delayed because of race correction.

## Who?

- *NYC Health Department's CMO* will be the convener
- *Coalition Members* who have pledged.
- *NYC CERCA Advisory Committee* composed of nationally recognized experts

## When?

Launch: Fall 2021



Duration: The coalition will run for at least two years.

The inaugural report from the coalition will be published by June 2022.

## Where?

NYC CERCA meetings will be held virtually.

# 12 CERCA Pledges



Cortelyou Medical Associates

- **Estimated Glomerular Filtration Rate (eGFR)**
  - Recent study found – without race adjustment – additional treatment eligibility would increase by 3 million more Black people with CKD, 300,000 more for nephrology referral, and 31,000 more transplant evaluations<sup>2</sup>
- **Pulmonary Function Tests**
  - In recent study evaluating the impact of race adjustment on PFT, Moffett et al. interpreted over 14,080 PFTs and the removal of race adjustment resulted in “diagnosis of obstruction for an additional 414 patients”, an 1.7% (22.1% to 23.9%) increase of prevalence of obstructive lung disease, “diagnosis of restriction for an additional 665 patients” an 4.7% (8.8% to 13.5%) increase in the prevalence of restrictive lung disease, and there was an increase in any pulmonary defect by 20.8% (59.5% to 81.7%).<sup>3</sup>
- **Vaginal Birth after Caesarean (VBAC)**
  - “...a 30-year-old woman with a BMI of 35 and one prior cesarean for arrest of labor is assigned a 46% chance of successful VBAC if she is identified as white and a 31% chance if she is identified as African American or Hispanic.”<sup>1</sup>

1. Zelnick LR, Leca N, Young B, Bansal N. Association of the Estimated Glomerular Filtration Rate With vs Without a Coefficient for Race With Time to Eligibility for Kidney Transplant. *JAMA Netw Open*. 2021;4(1):e2034004. doi:10.1001/jamanetworkopen.2020.340

2. Tsai, Jennifer & Cerdeña, Jessica & Goedel, William & Asch, William & Grubbs, Vanessa & MBA, Mallika & Kaufman, Jay. (2021). Evaluating the Impact and Rationale of Race-Specific Estimations of Kidney Function: Estimations from U.S. NHANES, 2015-2018. *EClinicalMedicine*. 42. 101197. 10.1016/j.eclinm.2021.101197.

3. Moffett AT, Eneanya ND, Halpern SD, Weissman GE. The Impact of Race Adjustment on the Interpretation of Pulmonary Function Testing Among Black Patients. In: A7. A007 IMPACT OF RACE, ETHNICITY, AND SOCIAL DETERMINANTS ON INDIVIDUALS WITH LUNG DISEASES. American Thoracic Society; 2021:A1030-A1030. doi:10.1164/ajrccm-conference.2021.203.1.MeetingAbstracts.A1030



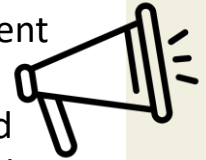
- **Vision:** A comprehensive, cross-Agency, CMO--convened initiative bridging public health and health care to improve birth equity across NYC with a focus on Brooklyn.
- **Approach:** Data-driven, anti-racist, and place-based approach, bring focus to our initial four-year programming in Brooklyn as it is the epicentre of the maternal equity crisis.
  - Will integrate community and hospital-based equity and quality improvement initiatives, insurers, and community-clinic-hospital linkages.
- **Programmatic Overview:**
  1. Support MHQIN deepening/expansion in Brooklyn
  2. Advance a Medicaid maternal home model building on H+H's model
  3. Implement the city-wide doula initiative with a focus on Brooklyn as a component of the New Family Home Visiting Program
  4. Integrate Birth Equity work with Neighborhood Health Corps and Action Center programming
  5. Improve demographic data collection and SMM measurement and report SMM by race/ethnicity at UHF level

- **Black non-Latina (Black) women New York City (NYC) are:**
  - 9.4 times more likely to die during and after childbirth than White non-Latina (White) women
  - 1.5 times more likely to give birth by cesarean

# Timeline

## Announcement

- Disseminate announcement and invitation
- Institutions submit signed pledge, identifying clinical algorithm(s) to be changed by October 29th
- Release joint statement and/or press release on pledge

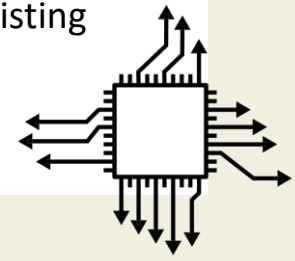


## Work Plan

- Coalition members convene to discuss work plan to end race correction within institution

## Dissemination of inaugural CERCA report

- Use new and existing communication mechanisms to disseminate



October 2021

November 2021

December 2021 – March 2022

April – July 2022

June 2022

YEAR 1

## Launch

- Coalition members will convene for the first CERCA meeting
- H+H present on progress in ending race correction system-wide
- Discuss data sharing to track city-wide progress on ending practice of race correction



## Evaluation Plan

- Coalition members convene to develop evaluation plan to monitor equity impacts pre- and post- algorithm change

## Patient Engagement Plan

- Coalition members convene to plan on patient engagement around additional care and referrals



August – November 2022

December 2022

## Implementation of Evaluation & Patient Engagement Plan

- Institutions will implement evaluation plan, and patient engagement plan to identify and engage patients who would benefit from additional referrals or care

January – March 2023

YEAR 2

## Implementation of new clinical algorithms without race correction

- Coalition members implement new clinical algorithm(s)

