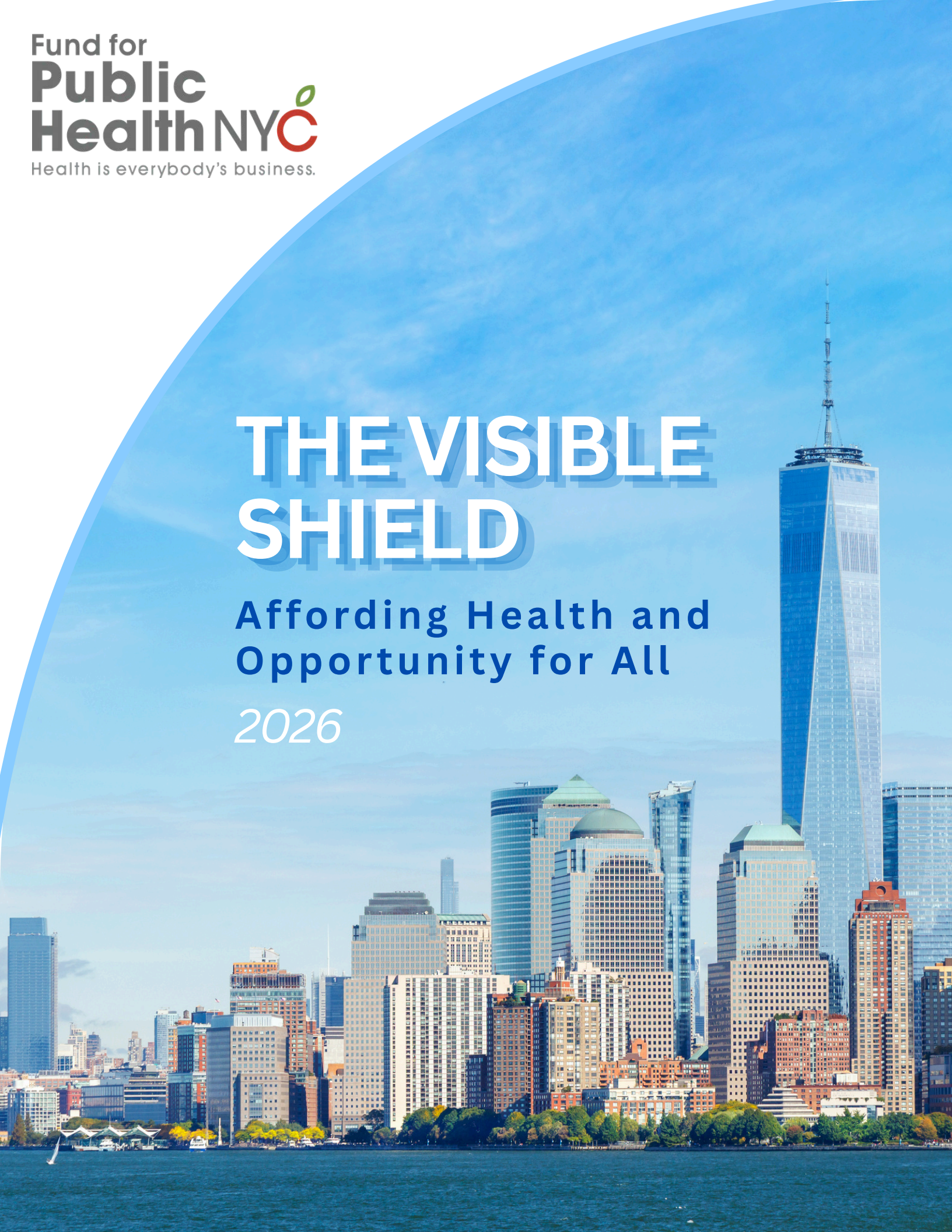
Fund for Public Health NYC

Health is everybody's business.

THE VISIBLE SHIELD

Affording Health and Opportunity for All

2026



Letter from the Board President and Chair,
Alister F. Martin, MD, MPP

Making Our Shield Visible

Making an impact in public health does not happen with a single breakthrough, but thousands of points of contact: a doula accompanying a first-time mother through labor; the software used by epidemiologists to help monitor Legionnaires' disease; a coupon that makes fresh food from a farmers market a real option on a tight budget; a peer advocate at the bedside of someone recovering from an overdose, ready to help connect them to services and navigate the next period of their life.

This is what public health does. Most of it happens quietly, without making headlines: **we are the "invisible shield."** I think that metaphor does us a disservice. Because if something's invisible, it is taken for granted. It is underfunded and devalued. We cannot afford to be invisible anymore.

Sixty-two percent of New Yorkers cannot afford to meet their basic needs. In NYC's highest poverty neighborhoods, residents die nearly seven years earlier than those in the wealthiest. Every health crisis is an affordability crisis: being hospitalized can wipe out a family's savings. Rising drug prices can prompt impossible choices like paying for medication or paying for groceries. Missing work for a doctor’s appointment can mean not making rent. Ultimately, it’s poverty that’s making people sick.

We have a responsibility to act. Our vision at the Health Department is that every point of contact with a New Yorker is an opportunity to help them solve a real problem in their life, and to make the city more affordable and just in the process.

For more than two decades, the Fund for Public Health NYC has been the Health Department's dedicated nonprofit partner in serving New Yorkers. FPHNYC's ability to increase and diversify public health funding and manage programs efficiently has never been more important than it is now. That generosity strengthens the visible shield of public health: real work and real impact through thousands of individual acts of care, prevention, and intervention for 8.5 million New Yorkers. I am grateful to be your partner in this work.

Alister F. Martin is Commissioner of the NYC Department of Health and Mental Hygiene

Passing the Torch

Dear Friends and Partners,

I joined FPHNYC in 2008, when we were a small organization with a large mission: to partner with the NYC Health Department to protect and improve the health of millions of New Yorkers. In the interim years, we navigated the financial crisis that precipitated the Great Recession and then Superstorm Sandy, managing millions in public and private funding to keep essential public health programs running. When the COVID-19 pandemic arrived, we helped bring vaccinations to communities and parts of New York that public health outreach had often overlooked or been unable to reach.

All of this great work happened because of the dedicated people I have had the honor of working with: FPHNYC's staff who show up every day with professionalism and genuine commitment; our equally committed health department colleagues; community-based organizations essential to equitable public health outreach; and philanthropic partners and donors who understand that investing in public health is one of the most consequential things you can do for a city.

New York City's new Health Commissioner and FPHNYC Board Chair, Dr. Alister Martin, brings to this work something rare: a physician's instinct for human need, a policymaker's understanding of systems, and a genuine urgency about making public health visible and valued. That word — visible — is what this report is about. The public health work described in these pages deserves to be seen. And it deserves sustained investment.

It is not hyperbole for me to say that the need for investment in public health has never been greater. Federal support for public health is historically tenuous. Moreover, under the current leadership in Washington, it is often tied to policy changes that lack scientific grounding and are largely antithetical to the values of most New Yorkers. While there is no replacing the scale of federal funding, New York is not without the tools to innovate and build partnerships that keep our city healthy and thriving. That's the work FPHNYC does — work I am proud to say it does well.

As I pass the torch to my successor, Howell Wechsler, I am proud of FPHNYC's ongoing work to protect and improve the health of all New Yorkers. FPHNYC is ready for new challenges and to keep making the invisible shield of public health more visible, alongside the greatest health department in the world and with the philanthropic community committed to New Yorkers' health. Thank you to everyone who is moving this work forward.

Sara Gardner served as FPHNYC's Executive Director and then Chief Executive Officer from 2008 to 2026

Maternal Health

"Before I got connected with my doula, I was not comfortable talking to my doctors because they didn't understand me. It felt like they were minimizing my experience — this is my first time giving birth in the United States. My doula understands my culture. She understands the Honduran ways and made me feel very comfortable. I really enjoy having my doula. It is as if I have known her for a very long time."

— Client of the Citywide Doula Initiative

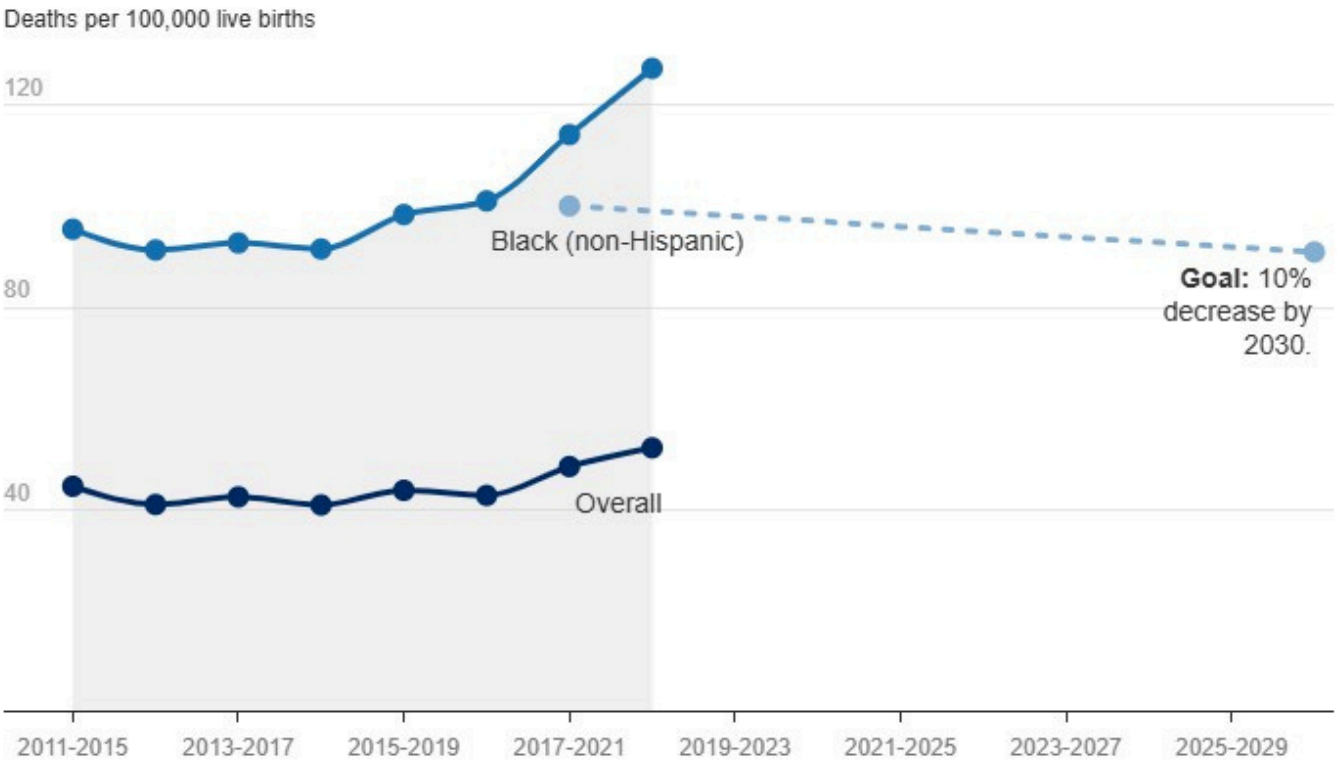
Black women in New York City are nearly four times more likely to die from pregnancy-associated causes than white women, and nearly three-quarters of those deaths are preventable. Between 2016 and 2020, **Black women represented 18.5% of births in the city but 43.6% of all pregnancy-associated deaths**. We need to do better.

The Health Department and FPHNYC are working to close that gap through a suite of programs anchored by the **Maternal Home Collaborative (MHC)**. The MHC brings together clinical care, community support, and wraparound services to serve Black birthing people better. FPHNYC partners with the Health Department and funders to offer clinical and community care linkages, including the **Citywide Doula Initiative (CDI)** and **Neighborhood Stress-Free Zones (NSFZ)**.

The CDI connects pregnant, low-income New Yorkers with certified doulas who provide continuous support through pregnancy, labor, and the postpartum period. Nearly half of all doula-attended births in low-income NYC neighborhoods take place through CDI. **Across over 4,000 births served by these doulas, there have been no deaths from pregnancy-associated causes since the program launched in 2022.**

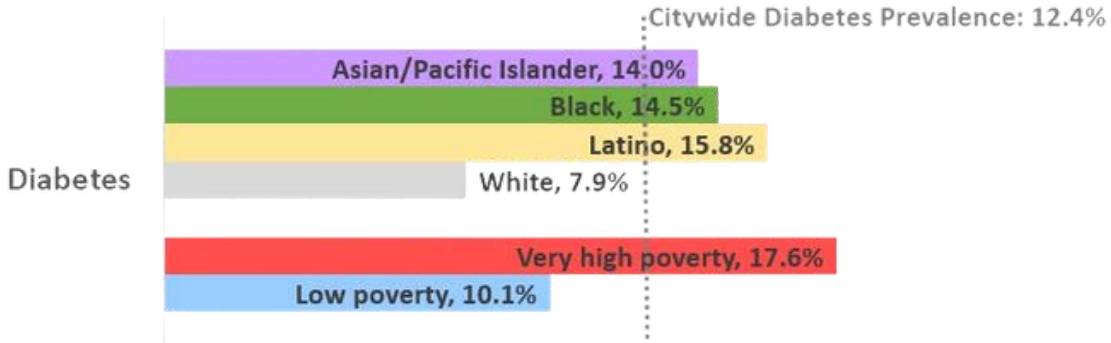
The pilot NSFZ in Brooklyn augments clinical care for pregnant and postpartum families by providing wraparound social services from conception through the postpartum period in bright, welcoming spaces. Families access breastfeeding support and perinatal mental health services, receive items such as car seats and diapers, and connect to housing, food, mental health supports, and other community resources.

Scaling programs like the CDI and NSFZ to serve more people is central to meeting New York City's goal of reducing pregnancy-associated mortality among Black birthing people by 10% by 2030. Dr. Zahirah McNatt, the Health Department's Chief Equity Officer and a Deputy Commissioner, is optimistic about reaching this goal. **"If we miss that mark as a city, it says a lot about who we are. But I believe we are remarkably able to meet that goal and go beyond it."**



Access to Healthy Foods

Chronic disease remains the leading driver of premature death in New York City, and its burden falls heaviest on communities with the fewest resources. Poor nutrition is a significant driver of chronic disease. Diets low in fruits and vegetables and high in processed foods are linked to higher rates of Type 2 diabetes, heart disease, and hypertension. In New York City's highest-poverty neighborhoods, diabetes rates are nearly twice as high as those in wealthier neighborhoods. Improving access to healthy, affordable food is one of the best investments we can make in New Yorkers' health.



Source: NYC Community Health Survey, 2024.
Latino ethnicity includes NYC adults who identified as Hispanic or Latino of any race. White, Black, Asian/Pacific Islander, and Other categories are mutually exclusive of Latino ethnicity.
"Very high poverty" and "Low poverty" characterize rates among NYC adults who reside in neighborhoods with poverty rates of at least 30% or less than 10%, respectively.

FPHNYC administers multiple programs that put real purchasing power in the hands of New Yorkers who face the steepest barriers to health and need access to affordable, healthy food, including:

Health Bucks

Health Bucks are $2 coupons redeemable for fresh fruits and vegetables at any NYC farmers market. In 2025 alone, the Health Department distributed more than $2.3 million in Health Bucks, including over $1.6 million through the SNAP incentive program at 120+ farmers markets across all five boroughs. Thousands of Health Bucks reach New Yorkers through hundreds of community-based organizations, and, in the process, the program supports local farms by incentivizing increased sales.

Más Verduras

Más Verduras (More Vegetables) enables South Bronx residents living with uncontrolled Type 2 diabetes who screen positive for food insecurity to receive $100 to $150 per month on a reloadable card for fresh produce at local grocery stores, plus monthly case management calls, diabetes self-management education, and referrals to other social and community services.

Get the Good Stuff

New Yorkers who participate in the **Supplemental Nutrition Assistance Program (SNAP/EBT)** can get free fruits, vegetables, and beans at 25 food stores through the **Get the Good Stuff** program. For every dollar spent using SNAP/EBT on eligible foods, participants receive a matching dollar (up to $10 per day) toward their next purchase. More than 26,000 New Yorkers have enrolled in the program since its launch in 2019, with a 94% redemption rate on eligible purchases.

"Having this program has benefited our community in a huge way, especially for people with low incomes who are getting more food and vegetables, and improving their lifestyle."

— Carlos, store manager, Brooklyn

Overdose Prevention

Beverly lost her first love, Bruce, to an overdose. She could not save Bruce. But through the Relay program, she found a way to reach people who still had a chance.

Relay plays a critical role in connecting New Yorkers at increased risk of a fatal overdose with resources, support, and education that can prevent a future overdose. Beverly supervises a Health Department team of 11 Wellness Advocates. These peer professionals, who have lived experience with substance use disorder, meet patients within one hour of their surviving a nonfatal opioid overdose. The Wellness Advocates offer patients wraparound support for 90 days after that first hospital visit: an ally at a doctor's appointment, a referral for grief counseling or outpatient treatment, and help with Medicaid enrollment.

People who have experienced a nonfatal overdose are two to three times more likely to have a fatal overdose than people who use drugs but have never overdosed. Relay interrupts that trajectory. The program demonstrates how public health can foster holistic knowledge sharing through trusted community messengers. **As Beverly says, "This isn't a job for us. It's a calling."**

Relay is part of the Health Department's multifaceted approach to overdose prevention, including the distribution of 285,000 naloxone kits and 54,000+ fentanyl test strips to providers and residents citywide. FPHNYC secured CDC funding that helped launch Relay, which now operates in 16 hospital emergency departments across New York City and has served more than 6,000 people since its launch in 2017.

Provisional data show overdose deaths remained stable in the first three quarters of 2025, with 1,393 fatal overdoses occurring in NYC. This stabilization follows a decrease in overdose deaths — from 3,056 in 2023 to 2,192 in 2024 — after nearly a decade of increases. Overdose deaths remain highest in the South Bronx, Harlem, and Central Brooklyn. Despite promising declines in overdose rates, we still lose a fellow New Yorker to an overdose every five hours.

Watching, Learning, and Taking Action

Public health's most consequential work rarely makes headlines. It is infrastructure built to prevent crises, spot patterns before they become outbreaks, and remove roadblocks to accessing care.

Keeping Watch 24/7

Every day, the NYC Health Department's Bureau of Communicable Disease uses the **SaTScan** and **TreeScan** software to analyze thousands of data points for unusual statistical patterns over time and across geographic areas.

In 2025, TreeScan detected an unusual spike in acute kidney failure during an extreme heat event, allowing the Health Department to alert dialysis networks before the situation worsened. An international epidemiology journal called the approach "innovative" and "a model worth replicating."

FPHNYC secured grants from the **CDC Foundation** and the **Alfred P. Sloan Foundation** to support the software development behind these systems.

Closing the Gap in Breast Cancer

Black women in New York City are **40% more likely to die** from breast cancer than white women, despite comparable mammography rates. The gap reflects what happens before and after screening: delayed follow-up, inequities in access to timely treatment, and a lack of patient navigation and culturally competent support.

In late 2025, the NYC Health Department launched the **NYC Breast Cancer Task Force**, a five-year initiative to develop a strategy to close that gap. Now 90 members strong, the Task Force includes health systems, research institutions, insurance providers, community-based organizations, survivors, and patient advocates. FPHNYC secured support from **Genentech, a member of the Roche Group**, to make this work possible.

"Genentech's partnerships with trusted organizations and institutions are helping deliver health care directly to underserved communities, ensuring more people get the care they need where they live."

— Genentech

Mental Wellness for New Yorkers of All Ages

Nearly one in four adult New Yorkers has experienced a mental health challenge in any given year. Many of the 1.75 million children under age 18 in NYC also experience mental health challenges. Hundreds of small public schools lack the student enrollment required to sustain on-site clinics, making it difficult for kids to access mental health services.

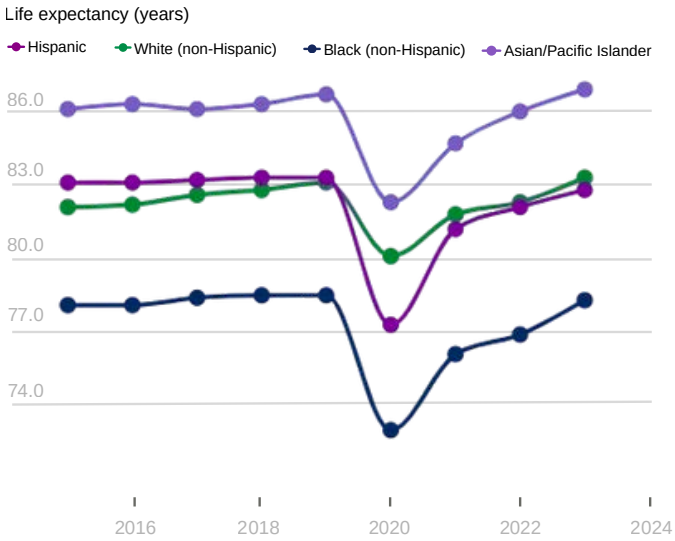
The School Mental Health Expansion Project is bringing school-based mental health services to where they are needed most. Working with community-based organizations, the program has established mental health clinics in New York City public schools, using a clustering model where small schools that are geographically close share clinical staff and leverage telehealth.

To help develop and launch this program, FPHNYC secured philanthropic support from several private funders, including **Robin Hood** and the **Carmel Hill Fund**. Not only is this funding helping facilitate direct service delivery, but program evaluation is alsohelping build the case for sustained public investment. A program that can demonstrate its effectiveness is a program that can grow.

Launched with CDC funding, **NYC BOLD** is the NYC Health Department's first-ever citywide initiative to address Alzheimer's disease and related dementias (ADRD) as a major public health issue. Actions include education about early detection and diagnosis, promoting brain health through healthy habits, and increasing access to resources. To enhance outreach and engagement, FPHNYC secured a generous grant from the **John A. Hartford Foundation**. This philanthropic funding enabled a community health worker to provide information to people at events and to help grow the BOLD coalition of providers, advocates, researchers, and community members. As the NYC BOLD program evolves, New York is on course to become a city with the knowledge and resources to support all residents with ADRD and their caregivers.

The Work of the Visible Shield Must Continue

A New Yorker's life expectancy at birth is strongly related to the neighborhood where they are born. Black New Yorkers have a life expectancy of 78.3 years; for Asian and Pacific Islander New Yorkers, it is 86.9 years. That gap is not biology. It is the accumulated weight of structural inequity, inadequate resources, and preventable illness. **More than 60% of New Yorkers — 5 million people — have trouble affording necessities. In short, poverty is making New Yorkers sick.**



Chronic disease rates in high-poverty communities must come down. The health surveillance systems that protect 8.5 million New Yorkers must be sustained and strengthened. The racial gap in deaths related to breast cancer and maternal health must be closed. Schoolchildren must have access to mental health services and supports. Every point of contact public health has with New Yorkers can make a difference in their lives, because the most affordable healthcare is the healthcare you don't need.

This pressing work continues even as we face the most challenging public health funding environment in decades. The federal government has divested from public health, even though we know prevention programs return $3 to $14 for every dollar invested. Our nation's public health infrastructure, built over generations, is under pressure, threatening New Yorkers' health and their ability to care for their families and each other.

Despite these challenges, FPHNYC and the Health Department's commitment to keeping the shield of public health visible and strong will not waver. The work continues because the need continues. Public health is helping New Yorkers solve problems through thousands of individual acts of care, prevention, and intervention. In each instance, there is a New Yorker whose life is more stable and healthier because public health showed up.

That is the visible shield. Partner with FPHNYC and the NYC Health Department to keep it strong.

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development@fphnyc.org

646.710.4860

22 Cortlandt St, Suite 802,
New York, NY 10007

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