

**NYS Department of Health
Public Health and Health Planning Council
Deputy Commissioner Executive Report
April 11, 2024**

OFFICE OF PUBLIC HEALTH

Center for Community Health

Division of Family Health

On March 14, 2024, the Department and the Division of Family Health released two new separate reports related to maternal mortality:

New York State Report on Pregnancy-Associated Deaths in 2018-2020 which summarizes findings and recommendations from the comprehensive reviews of pregnancy-associated deaths statewide. The report describes the work that is underway in the Department to address this public health issue and highlights key findings in pregnancy-related deaths that include:

- A total of 121 pregnancy-related deaths occurred from 2018-2020, which included 41 pregnancy-related deaths in 2018, 42 in 2019, and 38 in 2020.
- The overall pregnancy-related mortality ratio in New York State was 18.5 deaths per 100,000 live births from 2018 to 2020.
- Black, non-Hispanic women had a pregnancy-related mortality ratio five times higher than White, non-Hispanic women (54.7 versus 11.2 deaths per 100,000 live births).
- White, non-Hispanic women comprised 29.8 percent of pregnancy-related deaths while accounting for 49.1 percent of all live births.
- The pregnancy-related mortality ratio for cesarean delivery was 3.1 times that of vaginal delivery (23.8 versus 7.6 deaths per 100,000 live births).
- It was determined that 73.6 percent of pregnancy-related deaths had at least some chance of being prevented.

New York State Maternal Mortality and Morbidity Advisory Council Report 2023. This Council report highlights racial and ethnic disparities in maternal mortality in New York State. It also recognizes that to make a sustainable impact on maternal mortality and morbidity and reduce racial and ethnic disparities in New York State, further actions are needed by a wide range of partners working together at the system, facility, provider, community, and individual levels. The Council report calls these partners to action for several critical issues, including:

- Recognizing and reducing racism and discrimination
- Addressing the impacts of social determinants of health
- Supporting mental health

Division of Epidemiology

The COVID-19 & Vaccine Hotlines were fully demobilized at close of business on Friday, March 29. A standard voice recorded message will be developed for any callers that call either of the hotlines after 3/29/24 and will remain in place for a minimum period of 30 days.

Division of Chronic Disease Prevention

The Bureau of Cancer Prevention and Control awarded contracts resulting from competitive procurements to support implementation of three initiatives with a health equity focus:

1. Three grass roots, community organizations were selected to implement Post-treatment Support Services for Breast Cancer Survivors who are Black.
2. Five Federally Qualified Health Centers, located in areas in New York State with low cancer screening rates, were selected to implement evidence-based interventions to improve colorectal cancer screening rates; and
3. Twelve community organizations were selected to implement Community Outreach to Promote Colorectal Cancer Screening, with a focus on reaching individuals disproportionately burdened by colorectal cancer, including persons who are Black, Hispanic/Latino, LGBTQ+, and/or reside in rural communities.

Division of Vaccine Excellence

The Division of Vaccine Excellence was launched on January 1, 2024, and continues to house longstanding immunization programs.

Division of Vaccine Excellence, Bureau of Vaccine-Preventable Diseases continues surveillance and monitoring as cases of measles continue to increase in neighboring states and around the world. The Centers for Disease Control and Prevention issued a [Health Alert Network \(HAN\) - 00504 | Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination \(cdc.gov\)](#). As of March 28, 2024, there had been 97 measles cases reported by 18 jurisdictions in the U.S. this year, including four in New York State (three in New York City, one in New York State outside of New York City). Neighbor jurisdictions with cases include Pennsylvania, New Jersey, and Ohio. Information related to measles is available at <https://www.health.ny.gov/diseases/communicable/measles/> and includes a [Health Advisory for Providers sent March 26, 2024](#). Further, a measles toolkit for local health partners is being finalized.

Center for Environmental Health

The Center for Environmental Health is advancing several initiatives involving legislative or regulatory changes that will better safeguard New York State residents from contaminants in their water, homes, and environment. The following is a summary of four of our current priorities:

Addressing Childhood Lead Poisoning through Proactive Rental Inspections

Creation of Public Health Law §1377 set the stage for the Center for Environmental Health to implement a proactive rental registry in identified communities of concern to combat childhood lead poisoning. The Center for Environmental Health is currently drafting regulations to administer, coordinate, and enforce lead safety inspections and remediation of conditions conducive to lead poisoning. These regulations will require lead safety inspections of all pre-1980 multi-dwelling rental units in communities of highest risk across the state, starting in Fall of 2025. We expect these regulations will be released for public comment in early 2024 and look forward to providing updates as the regulations and programs roll out. These draft regulations are not required to go before Public Health and Health Planning Council and reflect important work in the Center for Environmental Health.

Addressing Potential Radiological Exposure in Medical Settings

The Center for Environmental Health is working to redesign and modernize Title 10 Part 16 focused on Ionizing Radiation. These updates are required to incorporate and reference changes to multiple sections of the Federal Code of Regulations, including 10 CFR 37, Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material. The proposed regulations also: I. Modernize regulations to reflect changes in medical practice, e.g., moving from film to digital imaging. II. Add quality assurance requirements for dental cone-beam CT units to bring them in line with quality assurance requirements for other medical units. III. Raise fees for the first time in over 20 years to cover operation costs. Average fee increases will be around 68%, below the level of inflation in the same time frame. We expect these regulations will be released for public comment in early 2024 and are being presented for information to the Public Health and Health Planning Council.

Adopting Model Food Code

The Center for Environmental Health has drafted revisions to State Sanitary Code Part 14 Food Service Establishments. The changes adopt the 2022 Model Food Code by reference. The New York State Department of Health is working with New York State Department of Agriculture and Markets to align and synchronize our code updates for consistent adoption of Model Food Code. DOH looks forward to presenting the details of the code in a future Public Health and Health Planning Council meeting.

Addressing Lead Service Lines in Public Water Systems

The Center for Environmental Health developed templates for public water systems across the state to document inventories of lead service lines. These inventories are required to be submitted to New York State Department of Health by October 2024 by both Environmental Protection Agency's Lead and Copper Rule Revisions and by New York State Public Health Law 1114-b/Lead Right to Know Act. These templates have been shared with Local Health Departments and public water systems to document lead service lines, an important step toward replacement of lead service lines to limit New Yorkers' exposure to lead from their drinking water. Lead service line inventory and replacement projects receive funding from both the State's Clean Water Infrastructure Act and more recently through the Bipartisan Infrastructure Law through amendments to the Drinking Water State Revolving Loan Fund. The final 2024 amendment to the Drinking Water State Revolving Fund for lead service line project funding was recently posted to the Department's website and award letters have been issued to the funded recipients. Additionally, regulations under Title 10 Part 67-4 for lead in school drinking water were finalized and a notice of adoption will be posted in the State Register/become effective in early April 2024.

Wadsworth Center

Wadsworth Center 2030: Transitioning to the design and construction phase of the new \$1.7 billion laboratory in Albany

The Wadsworth Center is the public health laboratory for the State of New York. Since its origins in 1901, it has become one of the world's preeminent public health laboratories, providing a broad range of highly technical and specialized diagnostic, surveillance, and research activities as well as laboratory certification and educational programs, all directed towards protecting the health and well-being of the citizens and communities of New York State. The Wadsworth Center played a central role in combating the COVID-19 pandemic and is a leader in the

development and application of new public health technologies. Pioneering applied and basic public health research and development, the Wadsworth Center has broad public health impact beyond the state of New York, impacting national and international standards for public health policy and practice. The Center also administers a comprehensive series of laboratory licensure programs, including the Clinical Laboratory Evaluation Program and the Environmental Laboratory Approval Program, programs that lead the nation.

The Wadsworth Center also trains the next generation of scientists through programs for doctoral, master's, and undergraduate students, as well as specialized training for visiting scientists. Many scientists at the Wadsworth Center have academic appointments in the State University of New York at Albany's School of Public Health, and graduate students in the Departments of Biomedical Sciences and Environmental Health Sciences perform their dissertation research in Wadsworth Center laboratories.

Scattered across five separate locations over the Capital Region, the Wadsworth Center's existing facilities are antiquated and past their useful lifespans. The Griffin Laboratory buildings are 50-90 years old; the Biggs Laboratory at the Empire State Plaza is over 50 years old. They require substantial on-going maintenance to remain operational – ventilation, temperature, and electrical systems are below the minimums. The David Axelrod Institute is over 30 years old. Its design is outdated, making it difficult to configure spaces for equipment and operations. The failing infrastructure and outdated design of the current laboratories became painful obvious during the Covid-19 pandemic and are preventing the Center from adopting new and emerging technologies that will be standard within the next 10 years.

To address these failings, a new laboratory is planned for the W. Averell Harriman State Office Campus in Albany. It will be a four-story, 647,000-square-foot building, built on a vacant, 27-acre southeastern portion of the state office campus near Route 85. In March 2024, the design and build contract for this new laboratory was approved and awarded to the consortium of HOK-Gilbane-Turner. Approval of the contract marks the start of the construction phase of the new laboratory.

When finished in the year 2030, the new public health laboratory will bring together in a single building about 800 scientists, researchers, administrators and other staff now spread out among the current five aging facilities, providing significant benefits:

1. Improved preparedness for future public health emergencies
2. Enhancements necessary to meet current and emerging public health threats
3. Improved efficiencies in public health testing
4. Attract and retain world-class scientists
5. Improved competitiveness for research funding
6. Reduced costs of operations, maintenance, training, and security
7. Increased personnel efficiency
8. Enhance life sciences initiatives in the Capital Region

The building will contain flexible laboratory spaces that can be adapted quickly to respond to public health emergencies, unlike the current facilities. In addition, bringing all the Wadsworth Center's Divisions under one roof would facilitate synergies that can lead to new discoveries and scientific breakthroughs, strengthening the role of New York State at the forefront of public health and translational research. The co-location of scientists and researchers in one advanced

laboratory facility would also support and cultivate industry collaborations and enhance the Wadsworth Center's ability to continue to study critical public health issues, such as drug resistance to emerging infections, environmental exposures, and biological processes that contribute to human health and disease.

The new laboratory facility will foster innovation and collaboration with the Wadsworth Center, and between the Wadsworth Center and outside partners, contributing to broader life sciences initiatives in the Capital Region and New York State.

Office of Public Health Practice

The Office of Public Health Practice convened the 4th meeting of the Ad Hoc Committee to Support the New York State Prevention Agenda on February 22nd. The meeting brought together representatives from various sectors, including state government, local health departments, hospitals, professional associations, and non-government organizations, for a productive discussion on enhancing the integration of upstream factors influencing health outcomes into the 2025-2030 state health improvement plan.

During the meeting, the Department presented two potential frameworks for consideration by the committee. The first proposed an integrated approach, aiming to streamline the current plan's scope while incorporating new focus areas that address key social determinants of health, such as housing, economic stability, and education, within the existing five primary domain areas. The second framework proposed a revision of the five domains to align with the social determinants of health outlined in Healthy People 2030. The committee favored the latter approach, expressing enthusiasm for making upstream determinants a central focus of the 2025-2030 Prevention Agenda.

Discussions highlighted the importance of ensuring meaningful participation from hospitals and local health departments, as well as strengthening collaboration at the local and state government levels. These efforts are crucial to ensure that the Prevention Agenda has a tangible impact on these complex domains and can drive meaningful change.

Following the committee meeting, the Office of Public Health Practice distributed the Health Issue Prioritization survey to stakeholders statewide. With over 200 respondents to date, the survey results will inform discussions on the health priorities that will be the focus of the 2025-2030 Prevention Agenda. These discussions will involve both the Public Health and Ad Hoc Committees, ensuring a comprehensive and inclusive approach to setting priorities.

Office of Science

In the last update, the Office of Public Health shared new Office of Science additions and enhancements to the Department's data environment that make our data more easily located on the NYSDOH public website (<https://www.health.ny.gov/statistics/>). We have continued with efforts to refresh our dashboard and reports with updated data. This includes:

The Prevention Agenda Tracking Dashboard was updated in March. The latest complete years of data available for each indicator have been added and the dashboard is live with the updated information. The dashboard can be found at:

<https://www.health.ny.gov/preventionagendadashboard>

The New York State County/ZIP Code Perinatal Data Profile was updated to include the 2019-2021 time period. The Perinatal Profile uses Vital Statistics data from three-year time periods to create ZIP Code-level indicators tables for each county in New York. The tables include commonly requested perinatal indicators such as premature birth, low birth weight, and teen pregnancy. New York State County/ZIP Code Perinatal Profiles including the latest updated profile can be accessed here: [New York State County/ZIP Code Perinatal Data Profile \(ny.gov\)](#)

The New York State Health Equity Report: County Edition – April 2023 was published on the NYSDOH public website. This is the latest in a series of health equity reports that provide data at the state and county level on health disparities. These reports can assist in understanding and identifying priority populations, targeting interventions, and promoting health equity in New York State. The 2023 report is available here: [health_equity_report_2023.pdf \(ny.gov\)](#)

OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT

Change Healthcare Cyberattack

On February 21, 2024, Change Healthcare, a platform that provides certain technology solutions for the health care industry, experienced a nationwide network interruption related to a cybersecurity issue (“cyber incident”) and disconnected its systems to protect partners and patients. Change Healthcare is used by a substantial number of hospitals, health care providers, and health care facilities that render health care services, including behavioral health care services, and pharmacies (collectively, “providers”) in New York. As a result of the cyber incident, some providers have been unable to request preauthorization; engage in concurrent or retrospective reviews; request reconsiderations; submit internal appeals, external appeals, or claims within the requisite timeframes; verify an insured’s eligibility for coverage; and obtain timely payment for health care services. Issuers and Pharmacy Benefit Managers are strongly encouraged to work with providers to develop solutions to address these issues. In some cases, the issues may be resolved through workarounds, including the use of a vendor other than Change Healthcare to perform these functions. However, other cases may necessitate flexibility with contractual timeframes or the implementation of solutions to maintain cash-flow for providers. In order for an issuer to suspend or toll utilization review requirements, appeal timeframes, reconsideration timeframes, claim submission timeframes, and eligibility requirements, the provider should certify to the issuer, under penalty of law, that suspension or tolling is necessary, because the cyber incident had an adverse impact on the provider’s ability to comply with these requirements. The provider should use the certification form developed by the Department of Financial Services (“DFS”) and the Department of Health (“DOH”), which should include the type of requirements it is requesting that the issuer or, in the case of pharmacy claims, the PBM, suspend or toll. The certification can be found [here](#).

The Department of Health has issued three surveys via the Health Emergency Response Data System, or HERDS, most recently on March 20, 2024. In the latest survey, the majority of providers responding to the survey reported they had changed or were planning to change vendors from Change Healthcare. Reports of overall impacts on patient care were decreased. Many providers were still experiencing moderate to significant impact on cash flow, however. The Department continues to address certifications received and closely monitor this event as Change Healthcare operations get restored.

United Health Group provides regular updates with [Information on the Change Healthcare Cyber Response](#). On March 9, 2024, Centers for Medicare and Medicaid Services issued a Fact Sheet, [Change Healthcare/Optum Payment Disruption \(CHOPD\) Accelerated Payments to Part A Providers and Advance Payments to Part B Suppliers | CMS](#).

Proposed Hospital and Service Closures

Several hospitals have announced their plans to close either services or their entire facility. The Department has reviewed and continues to review closure plans for services or hospitals. As a result, the Department is unable to discuss these today. The Department is actively listening to community input regarding the importance of maintaining access to care and promoting health equity.

Statewide Health Care Facility Transformation Program

Due to the Change Healthcare cyberattack, the deadline for the Statewide IV Health Care Facility Transformation program was extended to April 10, 2024. The Statewide IV/V health information technology, cybersecurity, and telehealth transformation projects were originally due March 28, 2024.

OFFICE OF AGING & LONG-TERM CARE

Master Plan for Aging

As we near the conclusion of the NYS Master Plan for Aging workgroups, the OALTC is grateful for the Committee's and public's engagement and support over the past year. This collaboration has resulted in hundreds of stakeholder calls over the past twelve months, multiple town halls and listening sessions with New Yorkers across the state, and a public survey with close to ten thousand responses. Taken collectively, these activities have been instrumental in shaping the future of aging care in New York. The informed, experienced, diverse, and compassionate contributions of our stakeholders have been invaluable in crafting recommendations that hold the potential to drive transformative reform and innovation, solidifying New York State's position as a national leader in aging, long-term, and disability care.

As we transition into the phase of crafting, organizing, and finalizing the Master Plan's recommendations, continued engagement of our stakeholder community will be key for its successful execution.

Supporting Home and Community Based Services

The Office of Aging and Long-Term Care continues with our standing commitment to engage with internal and external stakeholders, evaluating and assessing opportunities to deliver person-centered, non-institutional care to our aging New Yorkers, enabling people to stay in their homes and communities, and to live as independently as possible. Our work is examining the broader health continuum and Medicaid Waiver programs, pairing policy across the spectrum and finding opportunities to increase efficient and effective use of programs and services to meet the challenge of rapidly changing demographic.

As part of this commitment, we look forward to our continued partnership with the Most Integrated Setting Coordinating Council, where we can share experiences and information with the Council on the current landscape of New York's home and community based services and explore opportunities within the State's Master Plan for Aging to ensure that New Yorkers of all ages with disabilities have the services and programs available to meet their individual needs. Our

new Center for Home and Community Based Services encompasses oversight and policy development that reaches across over 1500 licensed providers, and over 8,100 individuals served by waiver programs under our purview.

Long Term Care Residential Surveillance and Program Support

The Center for Residential Surveillance has regulatory oversight responsibility for over 550 adult care facilities, 600 nursing homes, and 320 intermediate care facilities for the intellectually disabled. To support Center activities, there are three Divisions staffed by multidisciplinary professionals and paraprofessionals located throughout New York State. Due to the federal certification component, the Center functions as the long-term care survey liaison with the federal Centers for Medicare and Medicaid Services to ensure timely activities and quality deliverables with an overall goal to ensure that residents of these facilities can maximize their quality of life along the long-term care continuum.

By realigning resources and focusing on quality, the Center has used a data-driven approach to balance resources and drive policy changes to support its mission.

Since 2023, the team has reduced its collective historical survey backlogs by over 26% to date and reduced the recertification intervals by 2 months. Through ongoing stakeholder collaboration, the Center is poised to support the mission of the Office of Aging and Long-Term Care through timely regulatory oversight using current performance feedback for proactive interventions to the benefit of all New Yorkers. Lastly, our Office of Aging and Long-Term Care surveillance programs have maintained close contact with providers impacted by the Change Healthcare Cybersecurity Incident and will continue to provide guidance as needed to minimize the risk of service disruption.

Hospice and Palliative Care

One of the Office of Aging and Long-Term Care's priority goals for 2024 was our commitment to address disparities and access barriers to end of life care. The Office of Aging and Long Term Care's Center for Hospice and Palliative Care, which officially was launched on March 21st, will partner with internal and external stakeholders to assess and analyze policies and utilization of hospice services in New York State, educate the public on hospice and palliative care, develop and communicate model practices and build strong cross-continuum stakeholder relations, showcasing our commitment to equitable and accessible end-of-life care.

The vision for the Center includes working collaboratively across the Department and with various state partners to garner input and feedback on various initiatives that have importance to numerous populations. Additionally, cross collaboration will occur with our licensure team to further evaluate access and provide support and assistance with much needed changes to the Hospice Need Methodology.

Statewide Health Care Facility Transformation Program IV – Residential and Community-based Alternatives to the Traditional Model of Nursing Home Care

The Office of Aging and Long-Term Care released the Request for Applications for the Statewide IV Health Care Facility Transformation Program on January 9th. Applications are due April 24th by 4PM. Up to \$50 million is available to provide grants in support of capital projects directly related to residential and community-based alternatives to the traditional model of nursing home care.

Eligible applicants should describe how the grant will support efforts to transform, redesign and strengthen the quality and innovation of residential healthcare services and programs, improve health outcomes and quality of the patient experience, create and contribute to a financially sustainable system of care, and preserve or expand the availability of essential health care services.

Applications will undergo review by trained review staff with initial eligibility reviews beginning in early May. Recommendations are anticipated to be complete by end of September and final award determinations are anticipated to be announced by mid-October 2024.

OFFICE OF HEALTH EQUITY AND HUMAN RIGHTS

AIDS Institute

Updated guidance on the use of the HIV Diagnostic Testing Algorithm in the laboratory setting

The New York State Department of Health's Bureau of HIV/AIDS and Epidemiology, in collaboration with the Wadsworth Center Bloodborne Viruses Laboratory, has updated the guidance on the use of the HIV Diagnostic Testing Algorithm in the laboratory setting. The document reflects changes to the Diagnostic Testing Algorithm and provides guidance on how to report recently (i.e., since 2020) FDA-approved HIV diagnostic tests. The document can be accessed at the New York State Department of Health site by clicking the following link [2024 Guidelines Update for Use of the HIV Diagnostic Testing Algorithm for Laboratories](#). Questions should be directed to bhaelab@health.ny.gov

National Syphilis and Congenital Syphilis Syndemic Federal Task Force

The US Department of Health and Human Services Assistant Secretary for Health recently established a [National Syphilis and Congenital Syphilis Syndemic Federal Task Force](#). This is to be chaired by ADM Rachel Levine. The purpose of this federal task force is to reduce rates and primary and secondary syphilis and congenital syphilis. The task force also aims to reduce syphilis health disparities in the United States. New York was one of fourteen identified priority jurisdictions. The jurisdictions were identified according to the jurisdiction rank of recorded case counts or rates.

The AIDS Institute is in collaborations with the Department's Center for Community Health to discuss membership and identified needs and opportunities from staff and will continue to support the work of the National Syphilis and Congenital Syphilis Syndemic Federal Task Force.

Office of Diversity, Equity and Inclusion

Designation of a Chief Diversity Officer

In February, the Commissioner of Health designated the Director of the Office of Diversity, Equity and Inclusion within the Office of Health Equity and Human Rights to serve as the Department's Chief Diversity Officer. The Director of the Office of Diversity, Equity, and Inclusion is responsible for overseeing the development of policies and standards, strategic engagements and partnerships, training and supportive services, and organizational responsibility and accountability related to the Department of Health's diversity, equity and inclusion efforts.

Health Equity Impact Assessment Unit

Program Guidance

The Health Equity Impact Assessment (HEIA) Unit within the Office of Health Equity and Human Rights (OHEHR) continues to provide guidance and technical support to Article 28 health care facilities related to the Health Equity Impact Assessment requirements. A webinar is under development that will provide a comprehensive review on how to complete the Health Equity Impact Assessment based on learnings and best practices from the first year of implementation. Stakeholders will be notified about scheduled webinar dates later in the year.

Separately, the New York State Department of Health has been engaging stakeholders regarding patient privacy. The Office of Health Equity and Human Rights and Division of Legal Affairs have outlined and are collectively pursuing a comprehensive set of steps to clarify the HEIA process with respect to private information as well as implementing remedial measures. The Department's updated guidance will both clarify the scope and process for redacting information in the Health Equity Impact Assessment and ensure that it aligns with the statute and regulation. The Department is also updating program documents.

Office of Gun Violence Prevention

No updates from the Office of Gun Violence Prevention at this time.

Office of Minority Health and Health Disparities Prevention

Minority Health Month

April is Minority Health Month. The theme for 2024's Minority Health Month is: Be the Source for Better Health: Health Outcomes Through Our Cultures, Communities, and Connections. The Office of Minority Health and Health Disparities Prevention (OMH HDP) is celebrating Minority Health Month with convening three 1.5 hours panel presentations via ZOOM/WebEx on the following Thursdays: April 11, 2024, April 18, 2024, and April 25, 2024, from 1 p.m. – 2:30 p.m. The presentations will address three areas in which the Office of Minority Health and Health Disparities (OMH-HDP) focuses its work and efforts. These workshops are intended to inform New York State Department of Health staff in the areas of implicit bias, health literacy and historical and current challenges creating health inequities in accessing care. Participants will have an opportunity to ask questions of the panel at the end of the webinar.

Detail about the three Minority Health Month presentations:

- April 11, 2024 workshop: “Study of Racial Disparities – Long COVID” presented by three awardees of the Office of Minority Health and Health Disparities Prevention funding: Westchester County, Orange County and Jefferson County.
- April 18, 2024 workshop: “Language Access Barriers: A Community and Provider Discussion” presented by an awardee of the Office of Minority Health and Health Disparities Prevention Study of Racial Disparities funding: Capital District Latinos and Felix Quinones, Ph.D. Vice President of Strategic Initiatives and Research | Consultant. Clever Group, LLC
- April 25, 2024 workshop (for NYSDOH staff only): “Race and Ethnicity Toolkit – Let's Support Data Collection Efforts” - Funded by the Centers for Disease Control and Prevention National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-OT21-2103) and presented by the Office of Minority Health and Health Disparities Prevention.

As per the legislative charge of the Office of Minority Health and Health Disparities Prevention, funding is provided to minority areas (40% or greater nonwhite service populations as defined by PHL § 240) which experience barriers to accessing healthcare.

A weekly announcement called “Did You Know?” will feature data speaking to disparities impacting communities of color. This will be shared via the Department of Health News.

New York State Office of Language Access Video Relay Interpreting Tablet Program

In order to continue to support the implementation and provision of services as required by New York State Language Access Law, New York State Office of Language Access (OLA) collaborated with the Project Management and Legal Services Offices at the Office of General Services and the Office of Information Technology Services, to provide state agencies with free tablets for video remote interpreting (VRI) — a service where sign or spoken language interpreters join a video call to bridge communication between speakers of different languages. As the designated Language Access Coordinator for the New York State Department of Health, the Office of Minority Health and Health Disparities Prevention has been awarded four tablets at no cost to distribute to programs with current or anticipated high utilization of interpretation services for signed or spoken languages. Programs within the New York State Department of Health that are awarded a tablet will provide information related to data utilization and best practices to the Office of Minority Health and Health Disparities Prevention. These resources support New York State Department of Health’s commitment to provide equitable access to services for linguistically diverse New Yorkers.