



Department  
of Health



# Mid-Hudson & Long Island Fall Consortia

Regional Consortium  
September 13, 2023

Molly Ridley, MPH(c)  
Gianna Woodard

Ankita Dahiwade, BDS MPH  
Randy Hansen, MPH

**Welcome!**



# Agenda

- Welcome and Introductions
- Fellow Spotlight
- Presentation from Dr. Crystal Fuller Lewis
- Q&A Session
- Summit Planning Survey
- Fellow Spotlights
- Professional Development and Employment Resources
- Closing/Program Updates

# Who's here?

- Name
- Role
- County
- Favorite Fall Activity

---

## Roll Call!

Who's here?  
Introduce  
Yourself!





**Fellow Spotlight**  
**Erica Winter-**  
**Westchester County**  
**Fellow**

# Advancing Inclusion, Diversity, Equity & Anti-Racism

New York State Public Health Corps Fellowship  
Westchester County Department of Health

ERICA WINTER

## Advancing Inclusion, Diversity, Equity & Anti-Racism



Advancing inclusion, diversity, equity and anti-racism is a continuous process. These supporting pillars for the underlying strategy each represent various complex components. The Public Health Corps Fellowship has been an integral part of facilitating, supporting and advancing this process.

# Leadership Commitment

Leadership  
Commitment

- ❑ Agreement to change and growth
  - Investment in programs that update and upgrade infrastructure, as well as support staff health and wellness
- ❑ Commitment to the New York State Public Health Corps Fellowship
  - County agreement to hire fellows under established titles and provide benefits of permanent employees
  - DOH Management commitment to include fellows in everyday planning and activity and treat fellows as equals
- ❑ Commitment to advancing inclusion, diversity, equity and anti-racism



## Assess the Current State

Assess Current  
State

- ❑ One-on-one County and DOH management interviews
- ❑ Walkabouts in each of 5 offices
- ❑ Staff conversations and surveys
- ❑ Outsider assessment of department communication, systems, protocols, and morale
- ❑ Engaging staff by creating Project Progress Committee, a safe place for input and sharing
- ❑ Provide written and verbal feedback to Assistant Commissioner along with recommendations for support/improvement

Continually ask questions that challenge the status quo...

## Asking Questions

Assess Current  
State

- ❑ Do we mirror the community we serve?
- ❑ Are we diverse in our management?
- ❑ Do we have representation within our ranks that reflect our community?
- ❑ Do staff have the needed tools to effectively do their jobs?
- ❑ Do we provide opportunity for work-life balance, mental health, and well-being programs?
- ❑ Do we provide professional development opportunities, and clear career paths?
- ❑ Are managers interactive, communicative, and clear?
- ❑ Do staff feel happy, invited, included, engaged, and heard?



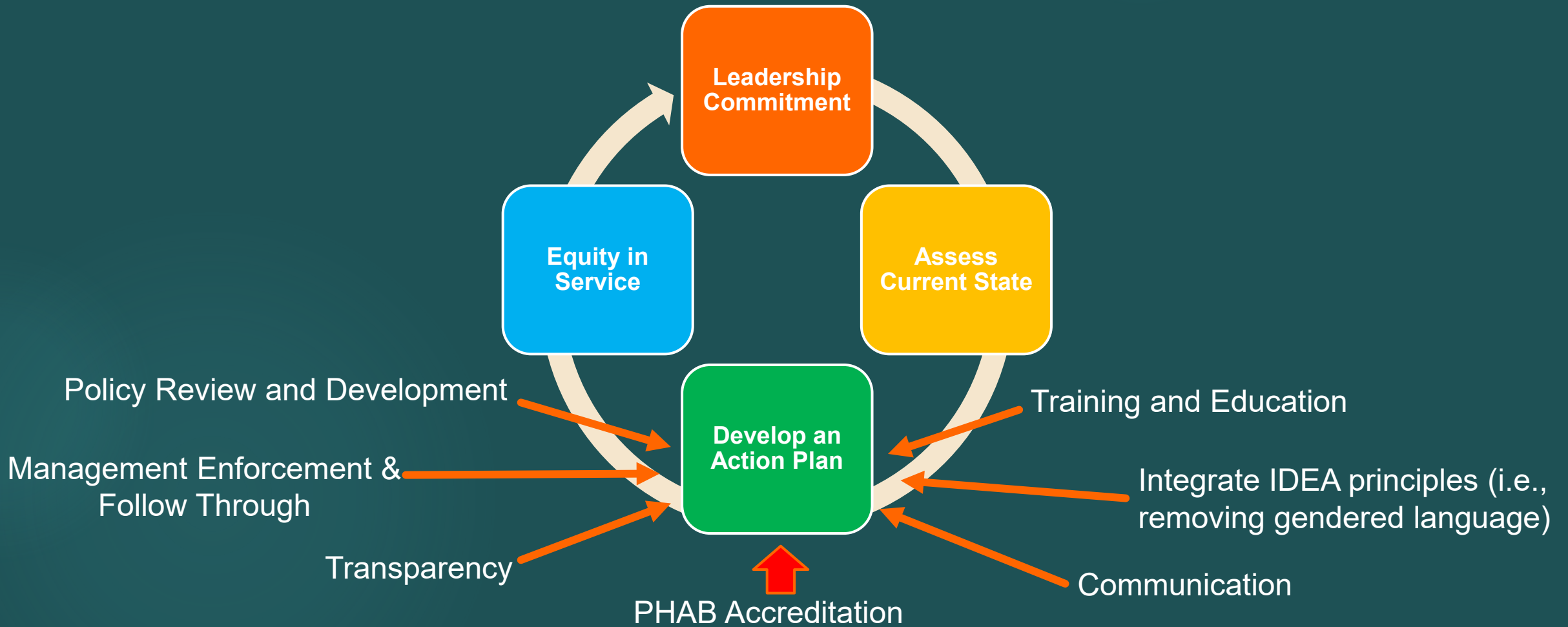
## Develop an Action Plan

Develop an Action  
Plan

- ❑ Make a plan addressing the actionable answers to the questions that includes go-forward objectives and aspirations
- ❑ Utilize PHAB Accreditation as a solid foundation for an action plan
- ❑ Communicate the plan to all stakeholders, which includes ALL staff members
- ❑ Consider the plan a living document that can be strengthened at any time

Create a plan that begins with common respect for ALL humans!

Advancing Inclusion, Diversity, Equity & Anti-Racism  
The Westchester County Department of Health





## What We've Done to Date

- ❑ Listened to staff and taken action on feedback
- ❑ Established Telework Program and a flexible Lateness Policy
- ❑ Updated the Inclement Weather Policy and the Lactation Policy
- ❑ Initiated Webex Teams for improved communication among and between offices
- ❑ Trauma Informed Care Training and established a Wellness Day
- ❑ Initiated a monthly Staff Development Newsletter
- ❑ Begun branding consistency, education, discussion, and implementation
- ❑ Boosted Department morale (monthly heritage board and celebration, monthly birthday celebrations, daily emails, Webex Teams chat, etc.)

Project  
Progress!

## What We're Doing Now

- ❑ Finalizing Declaration of Commitment to IDEA
- ❑ Finalizing IDEA Staff Development Plan
- ❑ Digitizing paper records
- ❑ Uploading all policies and procedures onto PolicyTech platform for all staff access
- ❑ Community Outreach
- ❑ Trauma Informed Care
- ❑ Continually boosting workplace safety measures and emergency preparedness



## What We're Planning/On-Going Initiatives

- ❑ Working towards PHAB accreditation
- ❑ Putting all policies and procedures on Intranet
- ❑ Looking at procedures for increased efficiency and DEI sensitivity
- ❑ Improved language access services
- ❑ Working with IT team to review and upgrade tech where possible
- ❑ Assisting with consolidation move
- ❑ Expansion of digitization to all departments

## Training and Education

Training &  
Education

- ❑ Include IDEA into Staff Development plan, providing regular training for all staff on topics such as unconscious bias, cultural competence, and racial equity, all essential when serving the public
- ❑ Train staff to provide culturally competent care and services to the community
- ❑ Encourage open and honest communication about IDEA topics within the organization
- ❑ Providing continuing education for all staff and career paths





## Equity in Service

Equity in Service

- ❑ Bolster Policies that support work-life balance and inclusivity, protecting the most vulnerable staff and members of the community most negatively impacted by historical racism
- ❑ Bring IDEA into every decision both internal and external, within and among the community at large – constantly asking questions to ensure the most vulnerable are prioritized
- ❑ Continually and increasingly provide equitable service to the community
  - It is critical that public health services are accessible and equitable for ALL community members
  - What does the process look like for the community both ongoing and in the future ?

Advancing Inclusion, Diversity, Equity & Anti-Racism  
The Westchester County Community





## How do we start advancing Inclusion, Diversity, Equity & Anti-Racism?

- ❑ Apply IDEA lens to everything we do
- ❑ Use PHAB accreditation as a roadmap - accreditation will validate our position within the community and begin to advance our relationship of trust and transparency

The Fellowship is building up the infrastructure, making WCDH more current, more relevant, and increasing efficiency and it allows space to strengthen ongoing WCDH operations





## Crystal F. Lewis, PhD

Associate Professor & Laurie M. Tisch  
Scholar for Racial Equity in Mental Health  
Department of Psychiatry





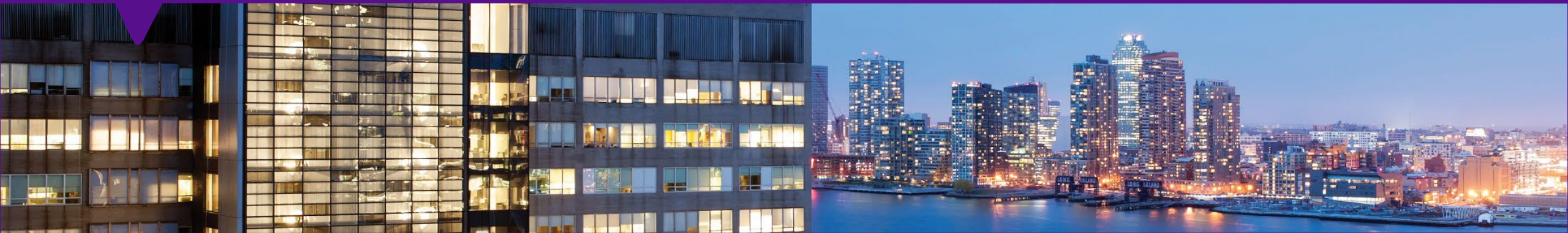
# NYU Grossman School of Medicine

## THE HISTORY OF RACE IN MEDICINE

**Crystal Fuller Lewis, PhD**

Associate Professor & Laurie M. Tisch Scholar for Racial Equity in Mental Health

Department of Psychiatry







# Positionality

I identify as a Black American cisgender woman. I am a mother.

I am shaped by my African ancestry and generations of state sanctioned oppression beginning in the deep South, and continuing through the Great Migration to the Northeast where opportunities and resources continue(d) to be stolen from my family and community.

I am a purposeful and intentional health equity researcher, educator and trainer in the substance use and mental health services arena.



# Seminole Tribe of Florida

We acknowledge and honor the original native caretakers and the historical trauma inflicted upon them, and for this, we must always recognize our place in that history, and our actions present day.

<https://native-land.ca>



# Outline

- 1) Experimentation on Black Bodies
- 2) Eugenics
- 3) Social and Economic context of Racism in American History
- 4) Where do we go from here?

**THE DEHUMANIZATION OF  
BLACK BODIES  
AND  
EXPERIMENTATION**

# Sara Bartman

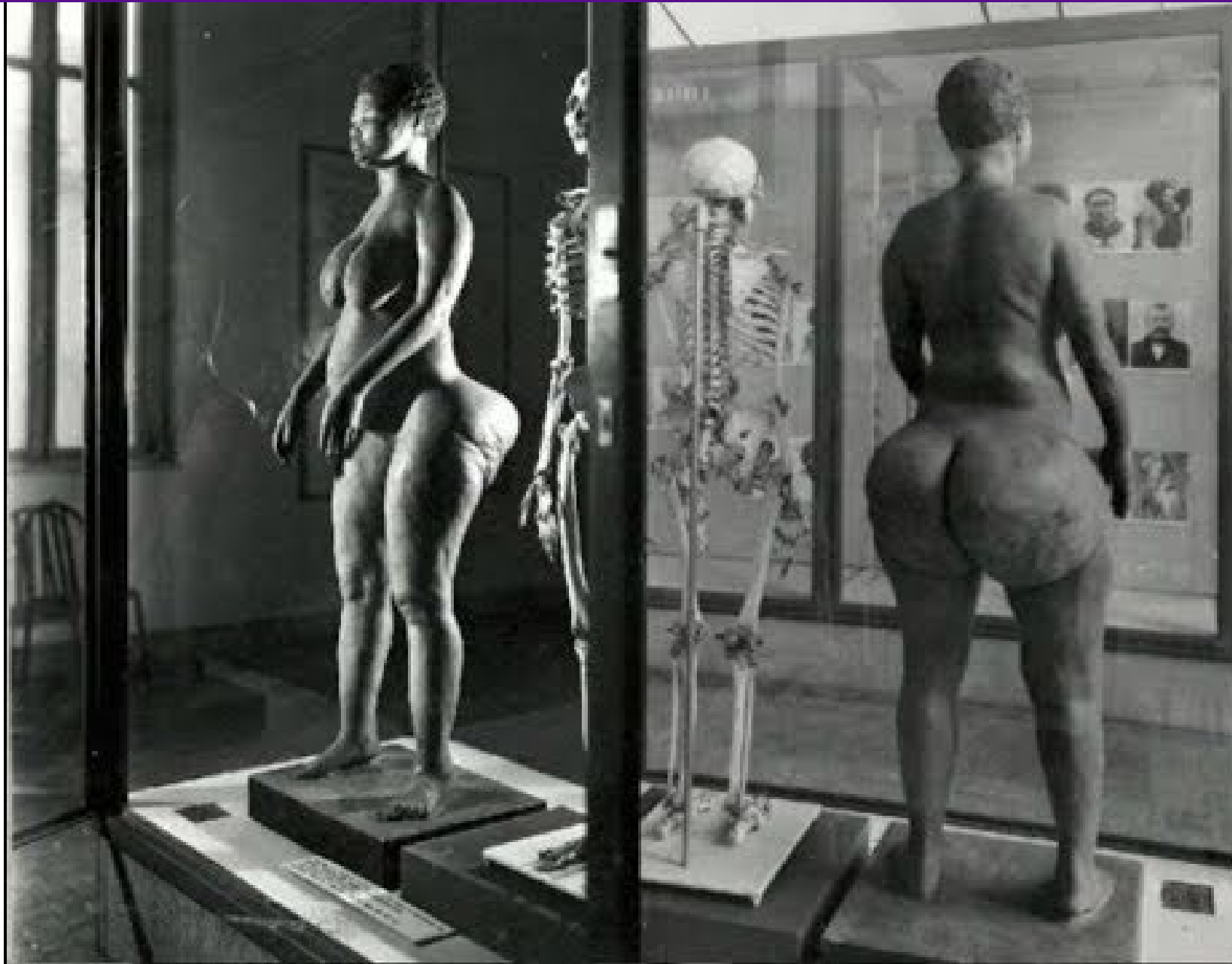


SCIENCE PHOTO LIBRARY



*Justin Parkinson, BBC News Magazine*

# Sara Baartman





# Sara Baartman



# Ephraim McDowell



- “Founder of operative gynecology”
- “The father of ovariectomy”
- “Founding father of abdominal surgery”
- First to successfully remove an ovarian tumor (1809), demonstrating the feasibility of elective abdominal surgery
- He performed his first ovariectomy on Jane Todd Crawford. Without anesthesia or antisepsis, he removed a 20-pound tumor. Crawford lived for more than 30 years afterward.
- Between 1809 and 1818, McDowell wrote about having conducted five separate ovariectomies, including Crawford. The remaining four were all performed on enslaved African women.

<https://www.britannica.com/biography/Ephraim-McDowell>  
<https://www.smithsonianmag.com/history/father-abdominal-surgery-practiced-enslaved-women-180967589/>

# John Mettauer



- First known successful vesico-vaginal fistula operations on a local white woman in 1837, five years before J. Marion Sims, the “Father of Gynecology” began his experiments.
- Mettauer then performed the same surgery on a 20-year-old enslaved woman, whose surgery he wrote about in an 1847 article in the American Journal of the Medical Sciences.
- Mettauer performed a total of eight surgeries on the enslaved African woman, with no success, and no anesthesia.

<http://pennandslaveryproject.org/exhibits/show/medschool/southerndoctors/johnmettauer>





# J. Marion Sims

One of many physicians who violated enslaved Africans and most well-known for exploitative human experimentation and became known in medicine as the so-called “father of gynecology”.

Sims conducted multiple (20-40) surgical experiments on enslaved women without anesthesia because he believed *the operations weren't “painful enough to justify the trouble,”* he said during a lecture in 1857.<sup>1</sup>

<sup>1</sup> Sims, J. Marion. Silver Sutures. 1858.



# An excerpt from the author of Sims's only full-length autobiography

*Harris, S. (1950). Woman's surgeon: The life story of J. Marion Sims. New York: Macmillan, p. 99.*

more acute than any outsider's could be—or now insufferably loathsome was their present condition. Sims's experiments brought them physical pain, it is true, but they bore it with amazing patience and fortitude—a grim stoicism which may have been part of their racial endowment or which possibly had been bred into them through several generations of enforced submission.

<https://anarchaarchive.com/>



# Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman<sup>a,1</sup>, Sophie Trawalter<sup>a</sup>, Jordan R. Axt<sup>a</sup>, and M. Norman Oliver<sup>b,c</sup>

<sup>a</sup>Department of Psychology, University of Virginia, Charlottesville, VA 22904; <sup>b</sup>Department of Family Medicine, University of Virginia, Charlottesville, VA 22908; and <sup>c</sup>Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22908

Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)

In 2016, half of medical residents surveyed held one or more of these false beliefs:

- “Black people’s *nerve endings are less sensitive than white people’s.*”
- “Black people’s *skin is thicker than white people’s.*”
- “Black people’s *blood coagulates more quickly than white people’s.*”
- *This study found that those endorsing these racists beliefs were less likely to provide accurate treatments for Black patients vs. White patients.*



# Anarcha, Lucy, and Betsey

## *The Mothers of Gynecology*

Artist

*(sculptor and painter)*

Michelle Browder

October 2022

[anarchalucybetsey.org](http://anarchalucybetsey.org)



### The Mothers of Gynecology Monument

Anarcha, Lucy, and Betsey were enslaved women from plantations in and around Montgomery, Alabama. With neither consent nor anesthesia, they were experimented upon by Dr. J. Marion Sims in the 1840s. After publishing the results of his "success," Sims moved to New York to seek fame and fortune. Within a decade, he became known as the Father of Gynecology.

By contrast, Anarcha, Lucy, and Betsey fell into history. They changed the world, only to be forgotten by it.

This 15-foot monument honors Anarcha, Lucy, and Betsey, telling their story and shining a light on ongoing racial disparities in the healthcare industry today. The monument stands as a symbol of all of the enslaved women who were experimented upon in the quixotic pursuit of a modern "science" of gynecology, by Sims and many others.

[Learn more about Anarcha, Lucy, and Betsey here.](#)



# EUGENICS (1880's–1930's; 1983-85)

*Ethnogenetic vulnerability based upon the false assumption of white supremacy was commonplace and promoted in medicine*



**Benjamin Rush**



## *Ethnogenetic Vulnerability*

*based upon the false assumption of white supremacy was promoted in science and medicine*

**Samuel A. Cartwright**



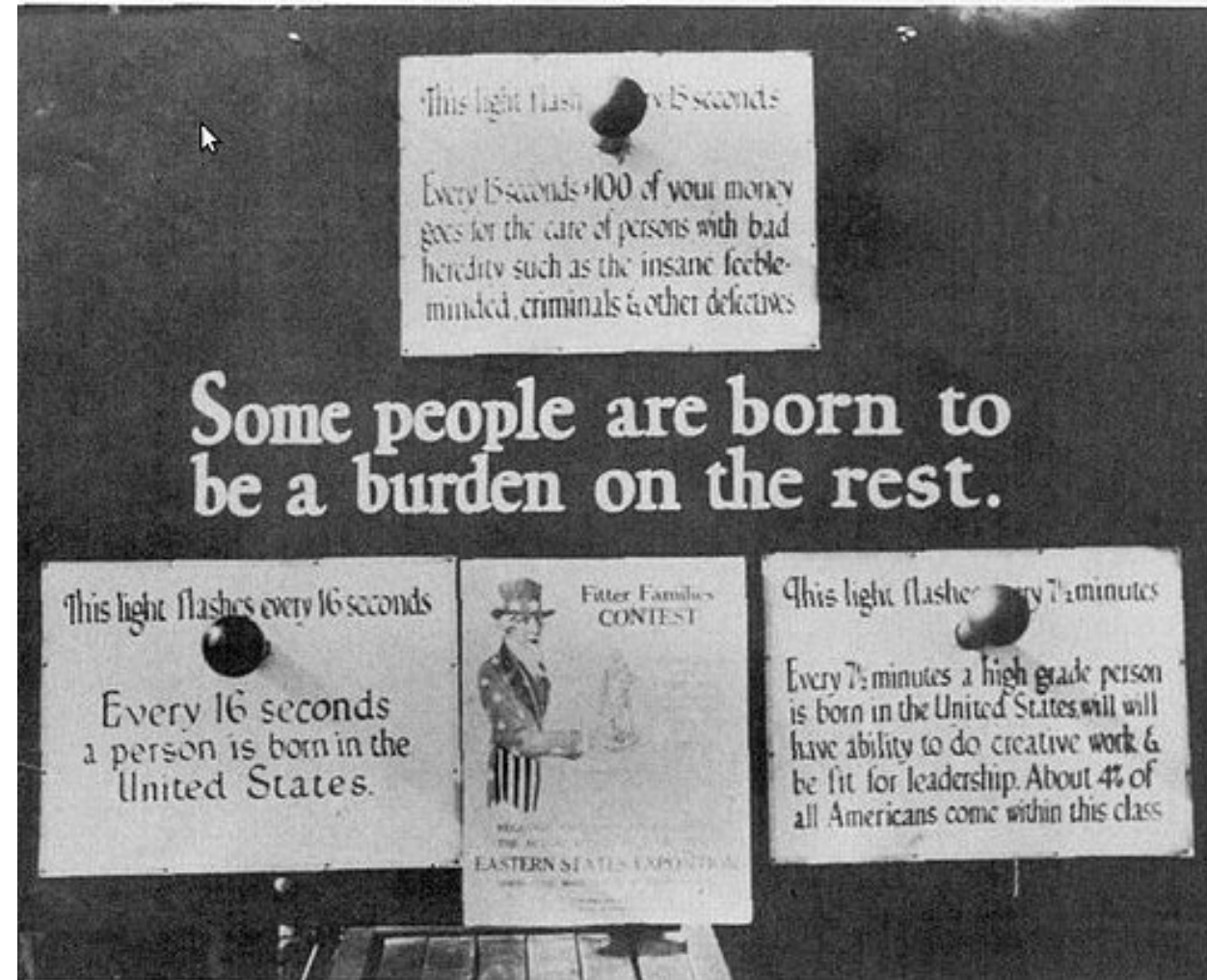
- *Negritude*: a mild form of leprosy curable by becoming white.
- *Drapetomania*: uncontrollable urge to escape, disobedience, talking back, refusing to work.
- *Psychiatrists promoted racist ideology* such as increased rates of insanity would result from emancipation, and Africans were incapable of coping with civilized life.

# Eugenics

- Literally means “good creation”
- The practice or advocacy of improving the human species by selectively mating people with specific desirable hereditary traits
- The ancient Greek philosopher Plato may have been the first person to promote the idea
- The term “eugenics” was coined by British scholar Sir Francis Galton (*Inquiries into Human Faculty and Its Development, 1883*)
- Galton—cousin of Charles Darwin—hoped to better humankind through Eugenics, however his plan never really took hold in Britain, but in America it was more widely embraced conferences convening in London (1912), and New York City (1921, 1932).
- One of the most prominent feminists to champion the eugenic agenda was Margaret Sanger, leader of the American birth control movement and founder of Planned Parenthood.

# RELF V. WEINBERGER, 1973

- Mary Alice (14) and Minnie (12) were victims of the abusive practice of sterilizing poor, black women
- District court found an estimated 100,000 to 150,000 poor people were sterilized annually under federally-funded programs
- Led to the requirement that doctors obtain "informed consent" before performing sterilization procedures





# California's Prison Sterilizations Reportedly Echo Eugenics Era

July 9, 2013 · 3:06 PM ET

BILL CHAPPELL



Nearly 150 women were sterilized in California's prisons without the state's approval, a practice that critics say targeted inmates who were seen as being at risk of serving a future jail term. Those numbers represent data from 2006 to 2010, according to the [Center for Investigative Reporting](#), which first reported the news.

Doctors performed tubal ligation surgeries on at least 148 female inmates at two facilities, reports CIR's Corey G. Johnson, with another 100 cases possibly taking place between 1997 and 2010. In that span, the California Department of Corrections and Rehabilitation paid surgeons a total of nearly \$150,000 for conducting the procedure.

A former inmate who worked in the infirmary at Valley State Prison in Chowchilla, Calif., tells Johnson she often heard other female inmates being asked to agree to be sterilized, especially if they had already served other prison terms.

"I was like, 'Oh my God, that's not right,' " Crystal Nguyen, 28, tells Johnson. "Do they think they're animals, and they don't want them to breed anymore?"



From 2006 to 2010, at least 148 female inmates at two California facilities had tubal ligation surgeries. Some of the surgeries took place at the Valley State Prison for Women, seen here in 2000.

*Gary Kazanjian/AP*

# In 2020



[About](#)

[Issues](#)

[Our work](#)

[News](#)

[Take action](#)

[Donate](#)

## NEWS & COMMENTARY

# Immigration Detention and Coerced Sterilization: History Tragically Repeats Itself

The ICE detention story reflects a long pattern in the United States of the coerced sterilization of marginalized populations, particularly of Black, Latinx, and Indigenous peoples.



Credit: Photo/Juan Carlos Llorca

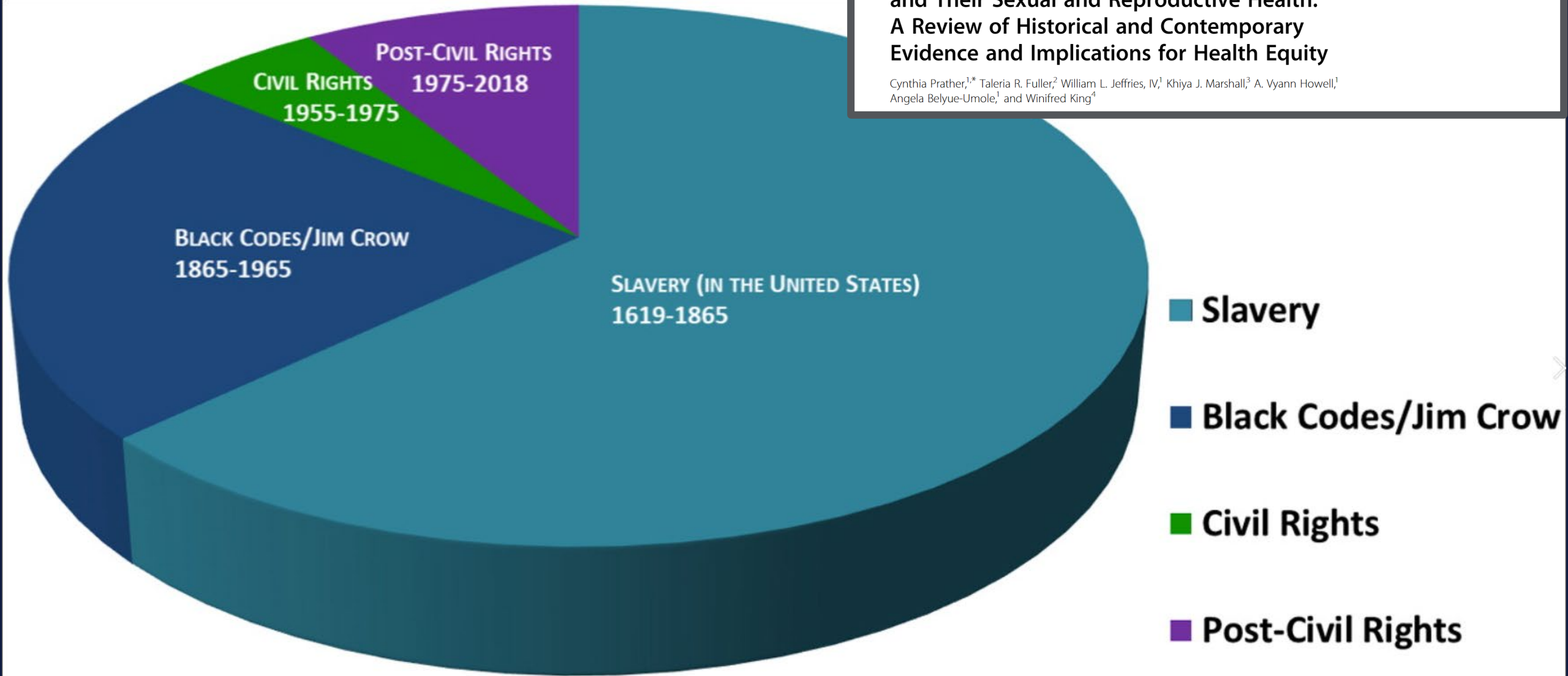
# **SOCIAL AND ECONOMIC CONTEXT OF RACISM IN MEDICINE IN AMERICAN HISTORY**



# Trauma is experienced throughout generations of structural racism

## Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity

Cynthia Prather,<sup>1,\*</sup> Taleria R. Fuller,<sup>2</sup> William L. Jeffries, IV,<sup>1</sup> Khiya J. Marshall,<sup>3</sup> A. Vyann Howell,<sup>1</sup> Angela Belyue-Umole,<sup>1</sup> and Winifred King<sup>4</sup>



■ Slavery

■ Black Codes/Jim Crow

■ Civil Rights

■ Post-Civil Rights

# State sanctioned laws, policies, practices that have obstructed opportunities to accumulate wealth in the Black community

Once legally allowable, it was (*and continues to be*) taken before it had the opportunity to grow and be passed down generationally.

- ✓ 246 years of **chattel slavery**
- ✓ 100 years Jim Crow Era -- **Black Codes** (*legalized racism, slavery via sharecropping*)
- ✓ Numerous federal, state, and local laws that purposely **constructed racialized systems** that define structural racism and its role as the primary **social determinant of health** and well-being.

**WORLD'S HIGHEST STANDARD OF LIVING**



**ROOSEVELT'S NEW DEAL**



# Racial Zoning and “Neighborhood composition Rule”

- **Public Works Administration (PWA)** created in 1933 to create construction jobs and alleviate housing shortage.
- Of the **47 public housing built for middle- and working-class families**, 1/3 went to Black Americans in racially zoned areas.
- Segregated Black zones were near polluting industries and prohibited from being located near White zones.
- If a neighborhood was already integrated, it became zoned for “white only”; Black families were evicted and forced to crowd into segregated “black only” zones.



# Authorization of Lower Wages for Black Americans

- **National Industrial Recovery Act** - established a system of self-regulation in business, in which codes were created to set standards for working conditions, prices, wages, production, and the creation of unions.
- The **National Recovery Administration** set minimum wages and maximum weekly hours; not only did White Americans have the first crack at jobs, but the **NRA authorized separate and lower pay scales for Black Americans.**





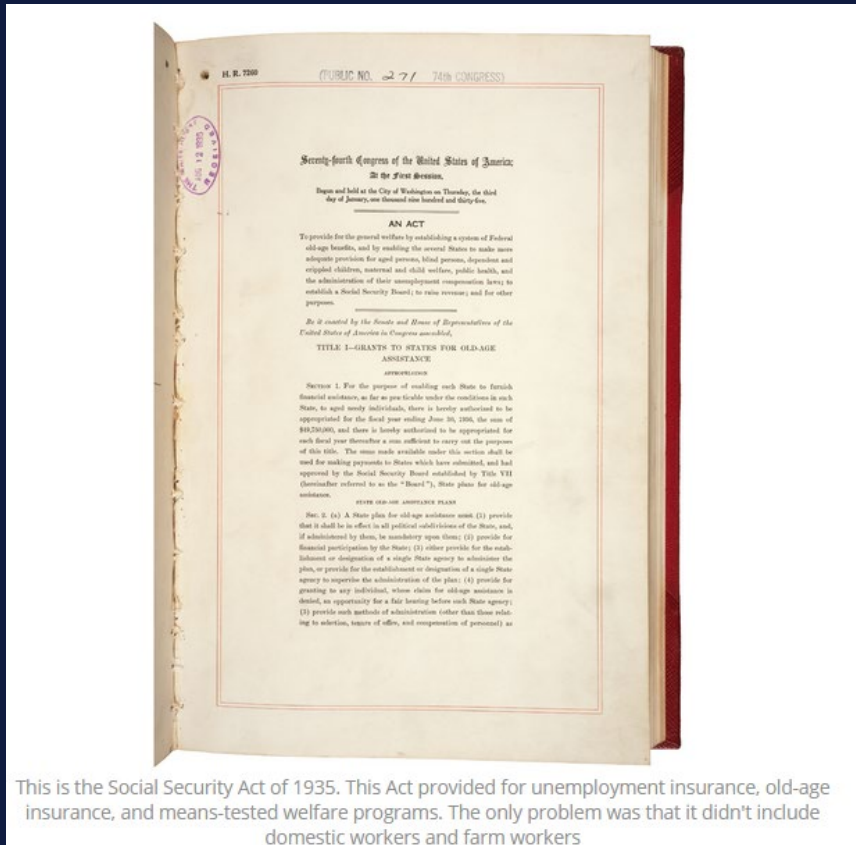
# Black Americans received only 2% *FHA-insured home loans (1934-1968)*

- The **Federal Housing Administration**, was created by Congress in 1934 to insure loans for construction and repairs of homes.
- White middle-class families could buy suburban homes with little or no down payments with mortgage payments less than rents they had previously paid to housing authorities or private landlords.
- FHA had an explicit policy of not insuring suburban mortgages for qualified Black Americans, establishing and then reinforcing housing segregation in the U.S., drawing lines between white and black neighborhoods that we still see today.
- These designations allowed for “redlining,” that is, FHA established guidelines to steer private mortgage investors away from Black areas.





# Social Security Act: Left out 60% of Black workers



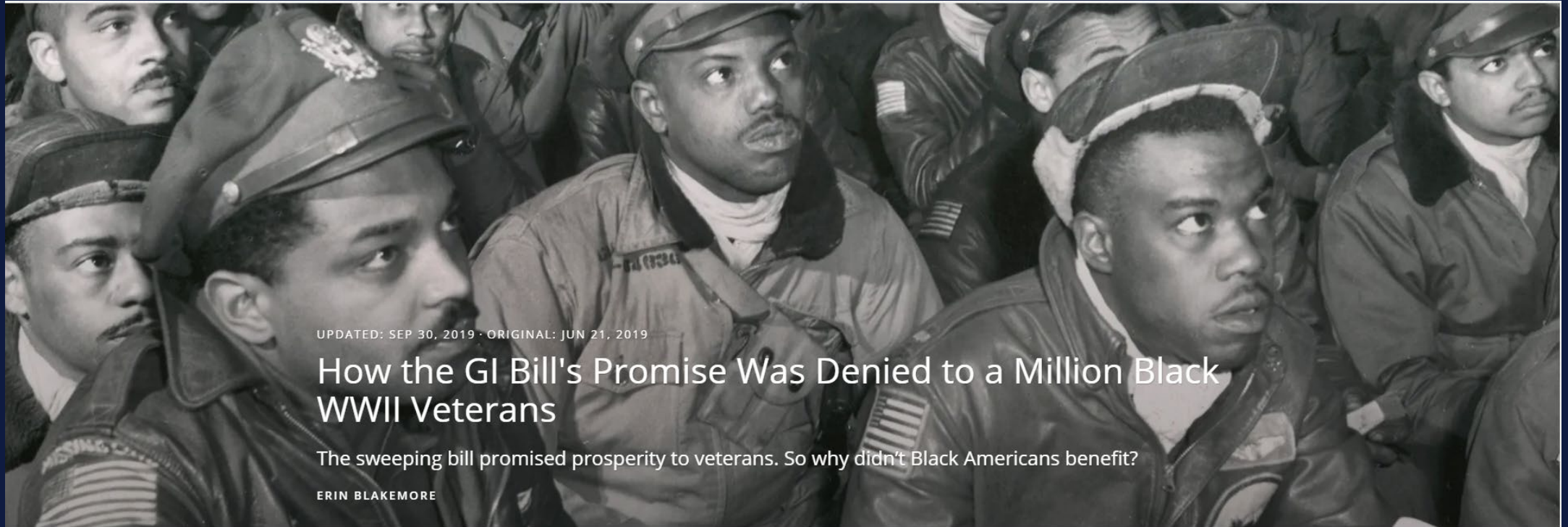
This is the Social Security Act of 1935. This Act provided for unemployment insurance, old-age insurance, and means-tested welfare programs. The only problem was that it didn't include domestic workers and farm workers

## Social Security Act of 1935

- SSA which provided a safety net for millions of workers by guaranteeing them an income after retirement, excluded about half the workers in the American economy from coverage.
- Among the excluded groups were agricultural and domestic workers — job categories traditionally filled by Black American workers.
- 60% of Black workers were left out across all categories (27% of White workers).

*(later expanded in 1950's)*

# *Educational and economic racial gap widened under the G.I. Bill (1944)*



UPDATED: SEP 30, 2019 · ORIGINAL: JUN 21, 2019

## How the GI Bill's Promise Was Denied to a Million Black WWII Veterans

The sweeping bill promised prosperity to veterans. So why didn't Black Americans benefit?

ERIN BLAKEMORE

# 1994 Clinton Crime Bill

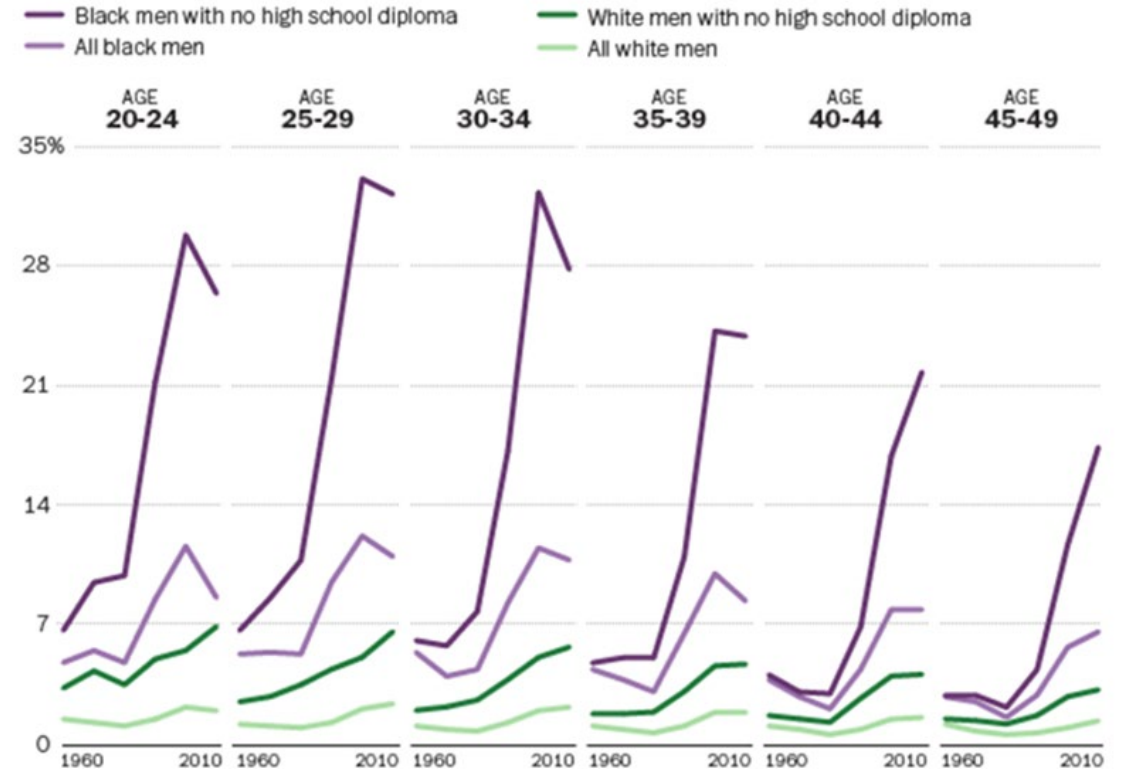
("New Jim Crow")

- **Violent Crime Control and Law Enforcement Act of 1994**, commonly referred to as the "**Clinton Crime Bill**" or the "**Biden Crime Law**," is the largest crime bill in U.S. history.
- 100,000 new police officers, **\$9.7 billion in funding for prisons**, \$6.1 billion in funding for prevention programs crafted in partnership with police officers.
- The Clinton Crime Bill overturned a section of the Higher Education Act of 1965 permitting prison inmates to receive a Pell Grant for higher education while they were incarcerated. The amendment is as follows:

*(a) IN GENERAL- Section 401(b)(8) of the Higher Education Act of 1965 (20 U.S.C. 1070a(b)(8)) is amended to read as follows: (8) No basic grant shall be awarded under this subpart to any individual who is incarcerated in any Federal or State penal institution.*

## Incarceration rates skyrocket in recent decades

% institutionalized, by race, age, education and year



WASHINGTONPOST.COM/WONKBLOG

Source: Derek Neal and Armin Rick, U. of Chicago



# The Government and Health Disparities

## 1985: Margaret Heckler

- The Initiative to Eliminate Racial and Ethnic Disparities in Healthcare



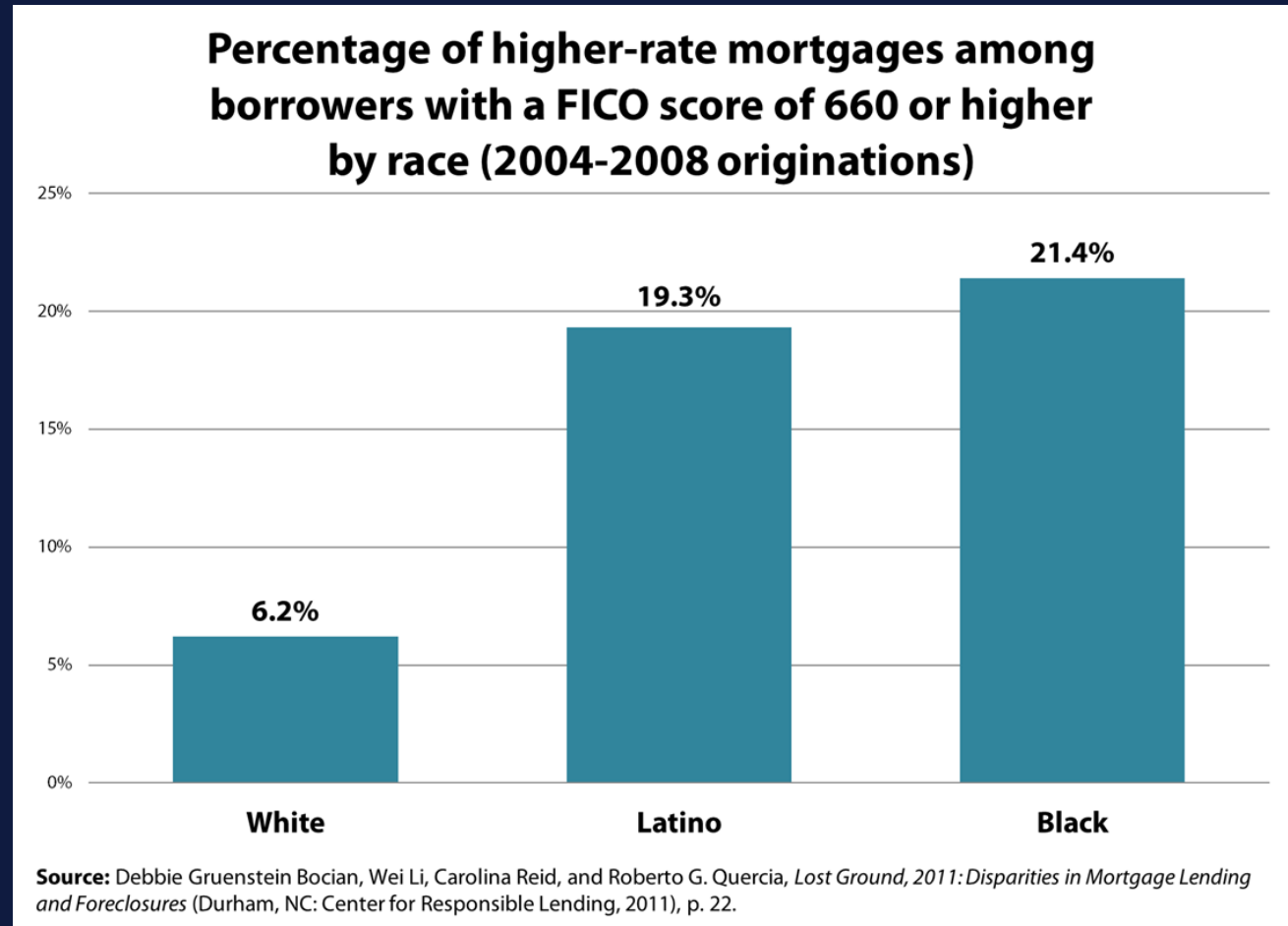
## 1998: President Bill Clinton

- The Report of the Secretary's Task Force on Black and Minority Health



# Subprime Mortgage Crisis (2004)

- **FBI warned** of an "epidemic" in **mortgage fraud**, an important credit risk of nonprime mortgage lending.
- This could lead to **"a problem that could have as much impact as the S&L crisis"**.
- Despite this, the Bush administration **prevented states from investigating and prosecuting predatory lenders**.



**RACISM  
NOT RACE  
IS THE  
RISK FACTOR**





# W.E.B. Dubois

*The Philadelphia Negro  
(1899)*

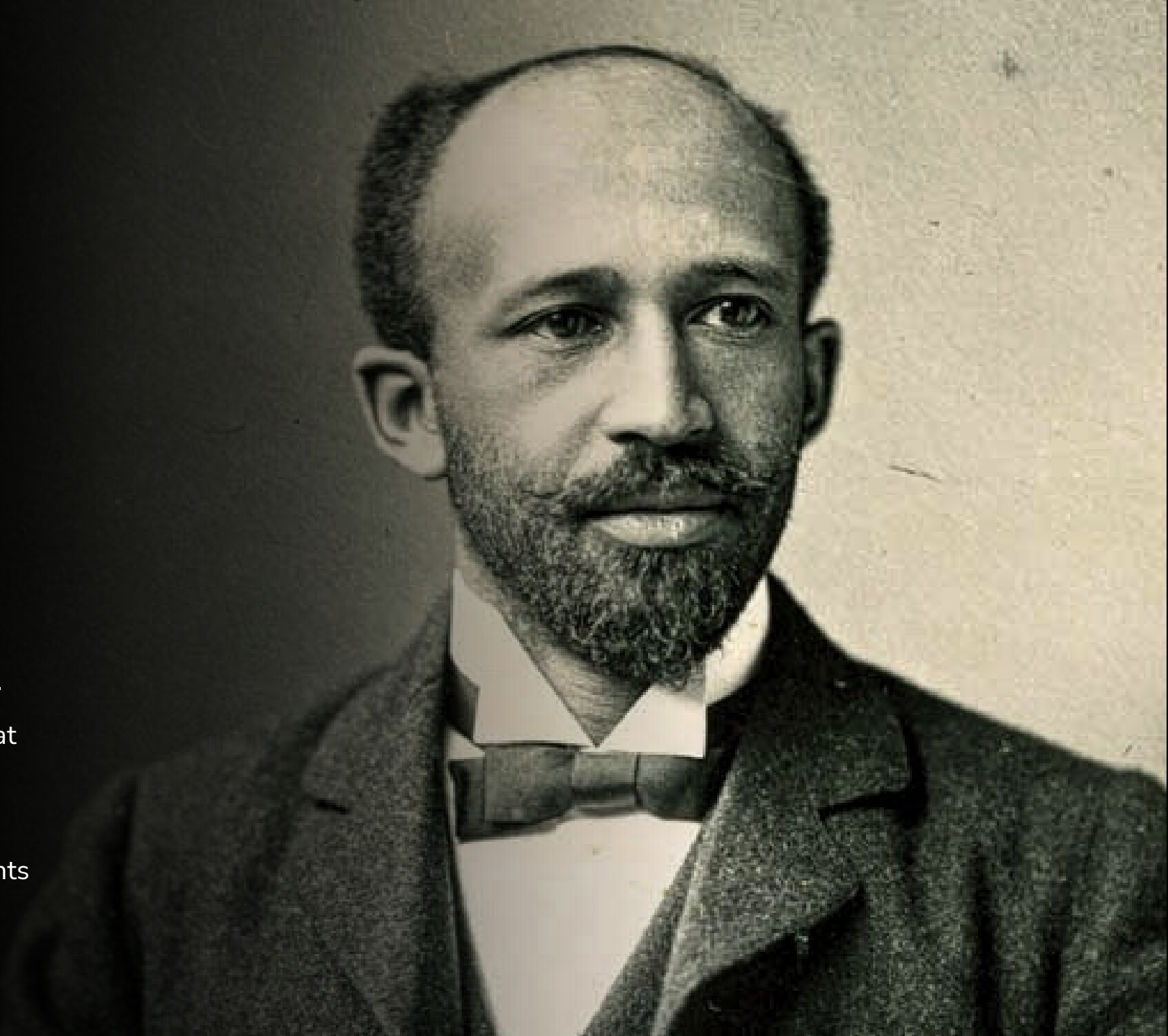
*Commissioned by University of Pennsylvania*

---

First sociological household survey in the U.S. that aimed to identify the social or pathologized problems in the Black community.

One of the earliest examples of social determinants of health using robust statistical associations.

Founding Father of Social Epidemiology



*Concluding remarks in the study...*

# *"The Meaning of All of This."*

- *"The overarching dilemma that [Black Americans] faced laid in their image from the eyes of the majority of Americans.*
- *Du Bois explained the [problem] was ostensibly "not one problem, but rather a **plexus of social problems**, and had less correlation to a black "social pathology" than to whites' enforcement of racial discrimination and a provision of unequal opportunity.*
- *By changing how Blacks are perceived in America, from inferior to equally capable, many of the problems seen in the Black community would subside."*
- **Today, racism has not been addressed and the reason equity has not been achieved.**

**WHERE DO WE GO FROM  
HERE?**



**Social construction of U.S. was not accidental  
but purposefully racist, by design.**

**Individual experiences are directly connected  
to this racist social construction.**

**Dismantling structural racism means placing  
racism at the forefront of every policy discussion  
leaving little room for unintended bias.**

**We must act against structural racism with purpose  
and intention, in our personal and professional lives,  
and do so with humility.**

What we  
come away  
with ...

**COVID-19**

- Get the latest public health information from CDC
- Get the latest research information from NIH | Español
- NIH staff guidance on coronavirus (NIH Only)

Home > Research & Training

## ENDING STRUCTURAL RACISM

### Ending Structural Racism

- For NIH Staff
- For NIH Extramural Applicants and Awardees
- Health Equity Research
- Scientific Workforce Diversity
- UNITE
- Advisory Groups
- News and Notices
- Publications
- Contact Us
- Sign Up for Updates



*First* U.S. government agency to acknowledge *and* apologize for structural racism\*

“To those individuals in the biomedical research enterprise who have endured disadvantages due to structural racism, I am truly sorry. NIH is committed to instituting new ways to support diversity, equity, and inclusion, and identifying and dismantling any policies and practices at our own agency that may harm our workforce and our science.”

— Francis S. Collins, M.D., Ph.D., NIH Director

# The UNITE Initiative: Charging Forward on the Road to Racial Equity in the Biomedical Workforce

Home / Blog

03.01.21 By Marie A. Bernard



UNITE's organizational structure reflects the collective effort needed to achieve this significant goal. It is composed of five high-level committees with representatives from all 27 NIH ICs who are passionate about addressing diversity, equity, and inclusion (DEI). Each committee is represented by a different letter of the UNITE acronym and has a specific, targeted focus:

- Understanding stakeholder experiences through listening and learning
- New research on health disparities/minority health/health inequity
- Improving the NIH culture and structure for equity, inclusion, and excellence
- Transparency, communication, and accountability with NIH's internal and external stakeholders
- Extramural research ecosystem and changing policy, culture, and structure to promote workforce diversity



## Appendix A. NIH Funding Details

**Table A-1. National Institutes of Health Funding**  
(budget authority, in millions of dollars)

Institutes/Centers	FY2023 Request	FY2023 Enacted	FY2024 Request
Cancer Institute (NCI)	\$6,714	\$7,317	\$7,820
Heart, Lung, and Blood Institute (NHLBI)	\$3,823	\$3,985	\$3,985
Dental/Craniofacial Research (NIDCR)	\$513	\$520	\$520
Diabetes/Digestive/Kidney (NIDDK) <sup>a</sup>	\$2,206	\$2,303	\$2,303
Neurological Disorders/Stroke (NINDS)	\$2,768	\$2,809	\$2,825
Allergy/Infectious Diseases (NIAID)	\$6,268	\$6,562	\$6,562
General Medical Sciences (NIGMS) <sup>b</sup>	\$1,826	\$1,827	\$1,292
Child Health/Human Development (NICHD)	\$1,675	\$1,748	\$1,748
National Eye Institute (NEI)	\$853	\$896	\$896
Environmental Health Sciences (NIEHS) <sup>c</sup>	\$932	\$914	\$939
National Institute on Aging (NIA)	\$4,011	\$4,412	\$4,412
Arthritis/Musculoskeletal/Skin Diseases (NIAMS)	\$676	\$688	\$688
Deafness/Communication Disorders (NIDCD)	\$509	\$534	\$534
Alcohol Abuse/Alcoholism (NIAAA)	\$567	\$597	\$597
Nursing Research (NINR)	\$199	\$198	\$198
National Institute on Drug Abuse (NIDA)	\$1,843	\$1,663	\$1,663
National Institute of Mental Health (NIMH)	\$2,211	\$2,342	\$2,542
Human Genome Research Institute (NHGRI)	\$629	\$661	\$661
Biomedical Imaging/Bioengineering (NIBIB)	\$419	\$441	\$441
Complementary/Integrative Health (NCCIH)	\$183	\$170	\$170
Minority Health/Health Disparities (NIMHD)	\$660	\$525	\$525
Fogarty International Center (FIC)	\$96	\$95	\$95
National Library of Medicine (NLM)	\$472	\$495	\$495
Advancing Translational Sciences (NCATS)	\$874	\$923	\$923
Office of Director (OD) <sup>d</sup>	\$2,315	\$2,647	\$2,898
<i>(Common Fund)</i>	<i>(\$646)</i>		
<i>(Office for Research on Women's Health)</i>	<i>(\$53)</i>		
Innovation Account <sup>e</sup>	\$419	\$419	\$235
Buildings and Facilities (B&F)	\$300	\$350	\$350
<b>Subtotal, NIH (LHHS Discretionary BA)</b>	<b>\$43,962</b>	<b>\$46,042</b>	<b>\$46,317</b>
PHS Program Evaluation (provided to NIGMS)	\$1,272	\$1,412	\$1,948
Superfund (Interior approp. to NIEHS) <sup>g</sup>	\$83	\$83	\$83
Mandatory type 1 diabetes funds (to NIDDK) <sup>h</sup>	\$141	\$141	\$250

# NIH Institutional Commitment to Structural Racism RFA

Institution or Center	Total Budget	Funding Committed to Structural Racism RFA FY21	% Budget Committed to Structural Racism RFA FY21
NIMHD	\$391M	\$5M	1.28%
NIA	\$3.9B	\$4.5M	0.08%
NINR	\$175M	\$2.55M	1.46%
NIGMS	\$3B	\$2M	0.07%
NIDA	\$1.5B	\$2M	0.14%
NHGRI	\$616M	\$1.7M	0.28%
NHLBI	\$3.7B	\$1.5M	0.04%
NCI	\$6.4B	\$1M	0.02%
NEI	\$815M	\$1M	0.12%
NCCIH	\$154M	\$850K	0.55%

**NINR** dedicating >73x NCI and 37x NHLBI

**NIMHD** dedicating > 64x NCI and 32x NHLBI

**NCCIH** dedicating >28x NCI and 14x NHLBI

## H. RES. 194

In the House of Representatives, U. S.,

July 29, 2008

## RESOLUTION

That the House of Representatives—

- (1) acknowledges that slavery is incompatible with the basic founding principles recognized in the Declaration of Independence that all men are created equal;
- (2) acknowledges the fundamental injustice, cruelty, brutality, and inhumanity of slavery and Jim Crow;
- (3) apologizes to African Americans on behalf of the people of the United States, for the wrongs committed against them and their ancestors who suffered under slavery and Jim Crow; and
- (4) expresses its commitment to rectify the lingering consequences of the misdeeds committed against African Americans under slavery and Jim Crow and to stop the occurrence of human rights violations in the future.

.....  
*clerk.*

Whereas on July 8, 2003, during a trip to Goree Island, Senegal, a former slave port, President George W. Bush acknowledged slavery's continuing legacy in American life and the need to confront that legacy when he stated that slavery "was . . . one of the greatest crimes of history . . . The racial bigotry fed by slavery did not end with slavery or with segregation. And many of the issues that still trouble America have roots in the bitter experience of other times. But however long the journey, our destiny is set: liberty and justice for all.";

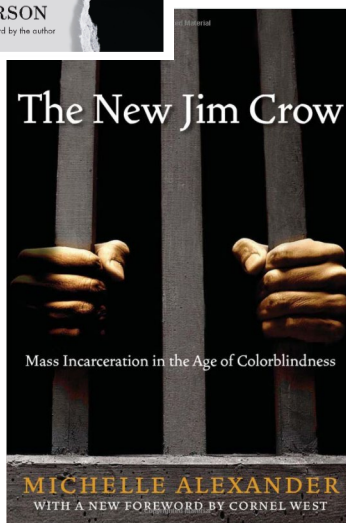
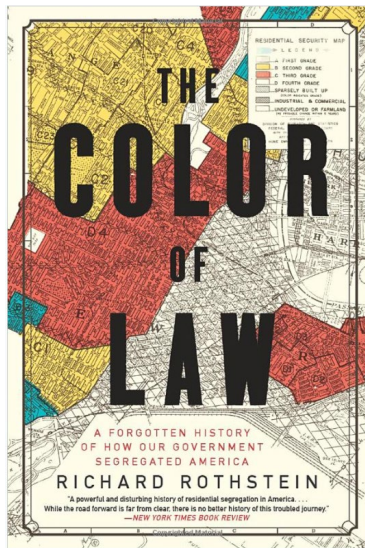
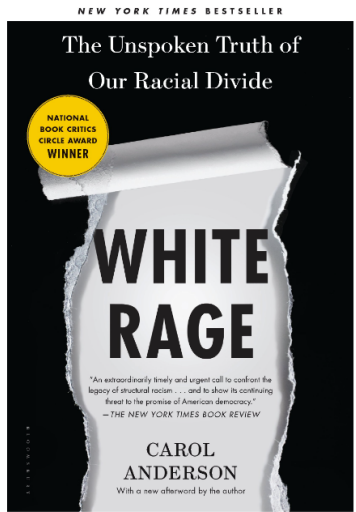
Whereas President Bill Clinton also acknowledged the deep-seated problems caused by the continuing legacy of racism against African-Americans that began with slavery when he initiated a national dialogue about race;

Whereas a genuine apology is an important and necessary first step in the process of racial reconciliation;

Whereas an apology for centuries of brutal dehumanization and injustices cannot erase the past, but confession of the wrongs committed can speed racial healing and reconciliation and help Americans confront the ghosts of their past;







**DORIS  
KEARNS  
GOODWIN**

[HOME](#) [ABOUT](#) [BOOKS](#) [EVENTS](#) [IN THE NEWS](#) [ON TV](#) [CONTACT](#) [Q](#)



## References

[https://www.jec.senate.gov/public/\\_cache/files/ccf4dbe2-810a-44f8-b3e7-14f7e5143ba6/economic-state-of-black-america-2020.pdf](https://www.jec.senate.gov/public/_cache/files/ccf4dbe2-810a-44f8-b3e7-14f7e5143ba6/economic-state-of-black-america-2020.pdf)

<https://www.boweryboyshistory.com/2020/07/sad-tale-lenape-original-native-new-yorkers.html>

<https://prospect.org/justice/staggering-loss-black-wealth-due-subprime-scandal-continues-unabated/>

Ray, Victor. *A Theory of Racialized Organizations*. *American Sociological Review* 2019, Vol. 84(1) 26–53

Bell, Joyce M. 2014. *The Black Power Movement and American Social Work*. New York: Columbia University Press

Rojas, Fabio. 2007. *From Black Power to Black Studies: How a Radical Social Movement Became an Academic Discipline*. Baltimore, MD: John Hopkins University Press.

Nagel, Joane. 1995. "American Indian Ethnic Renewal: Politics and the Resurgence of Identity." *American Sociological Review* 60(6):947–65.

<https://www.nydailynews.com/opinion/ny-oped-combating-systemic-racism-in-the-child-welfare-system-20210118-c2vva6vl3vdbtfhaot5iuxgme-story.html>



# Q & A



**Please take this short survey!  
This will help inform professional  
development sessions that will  
be held at the annual Fellowship  
Summit this year.**



# Fellow Spotlight

## Bryan Welsh and Emily Aponte – Orange County Fellows

# Public Health Emergency Law Symposium and Public Health Measures Law Project

- The Orange County Department of Health hosted the CDC and the Network for Public Health Law on July 10-11<sup>th</sup>, 2023
- The audience was County leadership responsible for emergency preparedness management.
- Representatives from county government, school districts and healthcare organizations were present.
- The material presented encompassed legal authority, where it is derived and how it is applied. Day 2 was a table-top exercise where participants could apply statutes in a simulated emergency.
- Participants received a condensed compendium of Federal, NYS and local laws pertinent to public health emergency response.



An abstract graphic consisting of a series of parallel lines that create a sense of depth and perspective. The lines are arranged in a fan-like pattern, starting from a point on the left and extending towards the right. The colors of the lines transition from a vibrant green on the left to a bright blue on the right. The background is a dark, gradient blue, which makes the glowing lines stand out prominently.

What is Public Health Law ?

## Commonly Cited Definition:

Public health law is the study of the **legal powers and duties of the state**, in collaboration with its partners (e.g., healthcare, business, the community, the media, and academe), to **ensure the conditions for people to be healthy** (to identify, prevent, and ameliorate risks to health in the population) and the **limitations on the power of the state** to constrain the autonomy, privacy, liberty, proprietary, or other legally protected interests of individuals for the common good.

- **Lawrence Gostin**

# Five Essential Public Health Law Services

- Access to Evidence and Expertise
- Expertise in Designing Legal Solutions
- Help Engaging Communities and Building Political Will
- Support for Enforcing and Defending Legal Solutions
- Policy Surveillance and Evaluation



# Law & The Great Public Health Achievements



## VACCINATION

- SCHOOL VACCINATION LAWS
- CHILDHOOD VACCINATION PROGRAMS



## MOTOR VEHICLE SAFETY

- SPEED & ALCOHOL LIMITS
- SEATBELT & BOOSTER LAWS
- HELMET LAWS
- GRADUATED DRIVER'S LICENSE



## SAFER WORKPLACES

- INSPECTIONS FOR UNSAFE WORKING CONDITIONS
- MINIMUM STANDARDS FOR WORKPLACE SAFETY



## INFECTIOUS DISEASE CONTROL

- SANITARY CODES
- FOOD INSPECTION
- DRINKING WATER STANDARDS
- QUARANTINE, ISOLATION



## DECLINE IN HEART DISEASE / STROKE

- EDUCATION & INFORMATION PROGRAMS
- FOOD LABELING
- COMPLETE STREETS LAWS

Slide is property of G. Sunshine,  
retrieved 7/14/23

# Some ways that law has shaped vaccine access.



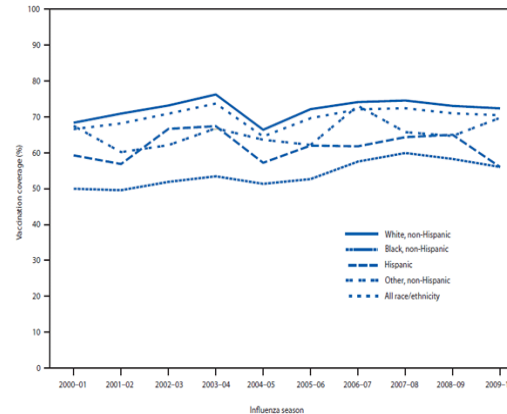
## 1800s-1950s

States begin to pass vaccination laws. Supreme Court upholds the practice in *Jacobson v. Massachusetts*.



## 1960s-1980s

States expand laws requiring vaccination for school entry.



## 1980s-2010s

Racial –ethnic and geographic disparities in vaccination among school-aged children have been vastly reduced but such gaps in vaccine-uptake among adults persist.



## Present - onward

Some states continue to make efforts, through the law, to address these gaps.

Slide is property of G. Sunshine, retrieved 7/14/23

# Public Health Law 101:

## Key takeaways

1. **Constitutions, statutes**, regulations, and case law provide the legal underpinnings of our public health system
2. The concepts of **police powers, federalism, preemption**, and **due process** all play a vital role in determining how public health activities are carried out at all levels of government
3. **Law** is as a **determinant of health** and is a key consideration for public health efforts to address health inequities



# What is public health legal preparedness?

- Understanding the role of law as a tool in carrying out public health emergency response authority
- Recognizing perceived and actual legal barriers to implementing certain response actions
- Incorporating legal requirements and procedures into preparedness plans, exercises, and activities



Slide is property of G. Sunshine,  
retrieved 7/14/23

# Public Health Preparedness Requires Public Health Legal Preparedness

- **Key Components of Public Health Preparedness**
  - A professional workforce competent in essential skills
  - Public health agencies that meet defined preparedness performance standards
  - Collaborative networks of agencies and partners
  - Modern information systems and laboratories
  - Agencies and partners that are legally prepared



# County Authority

- New York Executive Law Section 24 (Chapter 18, Article 2-B) enables the County Executive to proclaim a local state of emergency.
- The Orange County Charter also permits this declaration.
- Section 28: The Chief Executive may request of the governor a declaration of disaster emergency.





# State Authority

- Section 28: The governor may declare a disaster emergency by executive order.
- Section 29: The governor may direct any and all state agencies to provide assistance upon the declaration of a state disaster emergency.
- Section 29-A: The governor, by executive order, can suspend any statute, local law, ordinance, etc. by executive order during a disaster emergency.



# Types of Emergency Declarations

## New York State

- Local State of Emergency § 24
- State Declaration of Disaster Emergency § 29-c
- NYS Department of Health-  
Declaration of Imminent  
Threat to Public Health

## Orange County

- Section 3.02 County Executive; Powers and Duties
  - County Charter authorizes County Executive to declare local emergencies



# New York Emergency Powers-Local

Under Executive Law 2B, County Executive can declare local state of emergency; to respond effectively some powers include:

- Suspension of local laws
- Establishment of a curfew
- Directing Emergency Services to respond effectively
- Issue emergency regulations and orders to protect public health
- Regulation and control the use of public and private property to ensure the safety and welfare of the community.
- Restriction or prohibition of activities e.g. gatherings, events, movements to protect public
- Issue evacuation orders to safeguard in threatened areas
- Request additional assistance from state and federal agencies; as well as coordinate and collaborate with other local governments and organizations.





## New York Emergency Powers (continued)

**The governor has broad power to declare a disaster emergency. Once declared, the governor has the ability to suspend any statute, local law, ordinance, etc. if compliance would hinder, prevent or delay action to cope with the disaster.**

**This was expanded during COVID**

- **The governor may direct state agencies to assist.**
- **The governor may use disaster response personnel (see also Executive Law §21)**
- **The NY Legislature has the ability to override any executive emergency decree by a majority vote in both houses.**

# Fellow Spotlight Savannah Usher – Putnam County Fellow

# THE BRIDGE ALLIANCE:

## An Unfunded Overdose Response Strategy

PUTNAM COUNTY NEW YORK

SAVANNAH USHER, MPH  
PUBLIC HEALTH GRADUATE FELLOW  
PUTNAM COUNTY DEPARTMENT OF HEALTH



**Putnam County Department of Health**

A PHAB-ACCREDITED HEALTH DEPARTMENT

# BACKGROUND OF THE OVERDOSE EPIDEMIC IN PUTNAM COUNTY

- HEALing Study
- Putnam County Community Health Assessment (CHA)
- New York State Opioid Quarterly Report



# HEALING COMMUNITIES PUTNAM COUNTY

## WHAT IS IT?

"An NIH-funded effort to reduce (by 40%) the overdose deaths in NY... employing a multi-agency, multi-disciplinary approach involving government agencies, non-profits, the medical field and people with lived experiences"(David, 2021).

## FOCUS AREA/GOALS

- Medication for Opioid Disorder
- Safe Medication Prescribing/Dispensing
- Opioid Education and Naloxone Distribution

## RESULTS

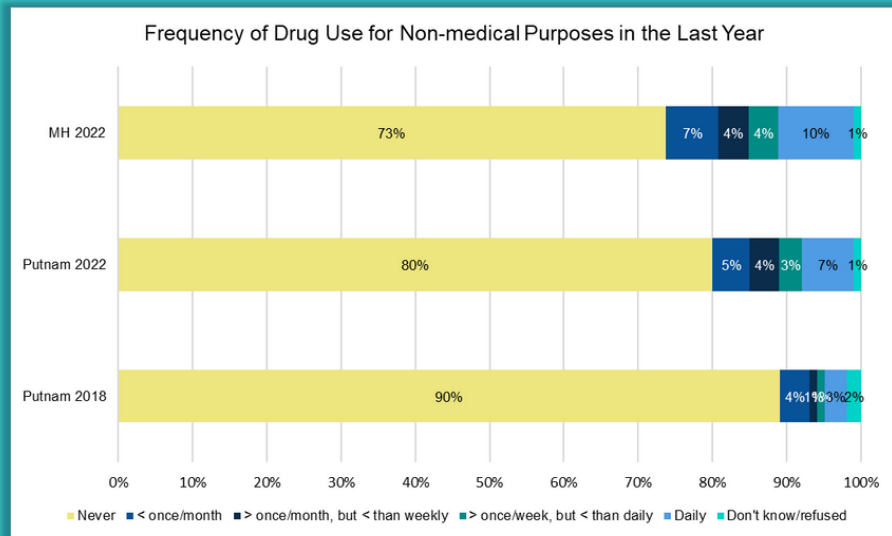
- First effort to collect data from multiple sources throughout Putnam County
- Provided a wholistic understanding of the opioid/overdose outcomes
- Began the foundation of what would become the Bridge Alliance

# PUTNAM COUNTY COMMUNITY HEALTH ASSESSMENT

## WHAT IS IT?

The Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) process is about the collective community deciding what is most important and most valued by the community and its residents based on quantitative and qualitative data provided by the health department (PCDOH, 2022).

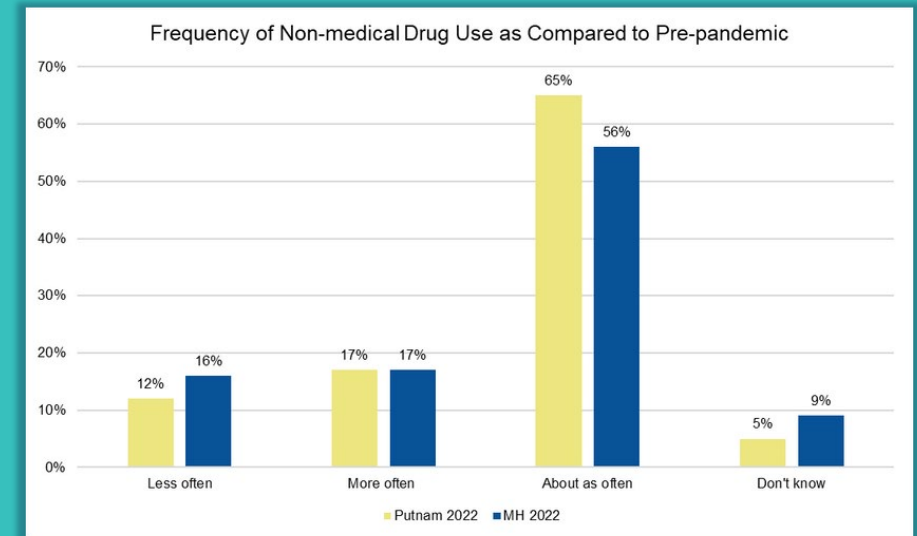
## FINDINGS



### 10 MAIN HEALTH CHALLENGES

Social Determinants of Health - Transportation	Harmful Algal Blooms (HABs)
COVID-19 and Other Emerging Infectious Diseases	Racial and Ethnic Disparities in Birth-related Indicators ★
Sexually Transmitted Diseases ★	Early Childhood Vaccination ★
Obesity ★	Tickborne Diseases
Mental Health and Well-being ★	Opioid Misuse ★

★ Indicates health challenge is included in the NYS Prevention Agenda

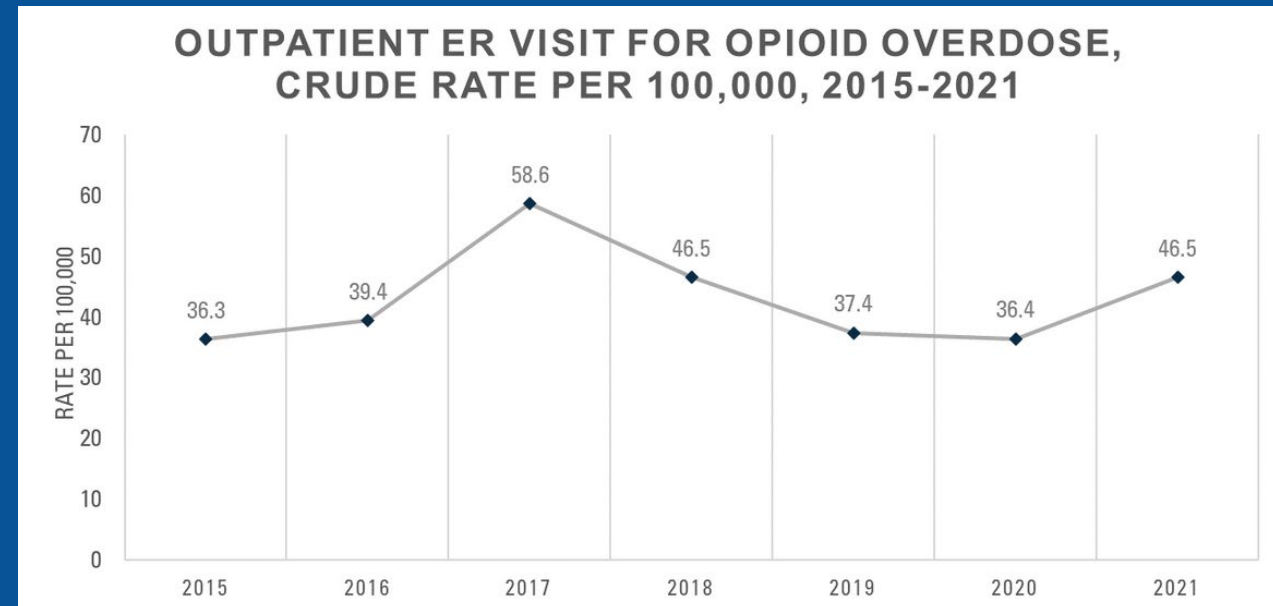
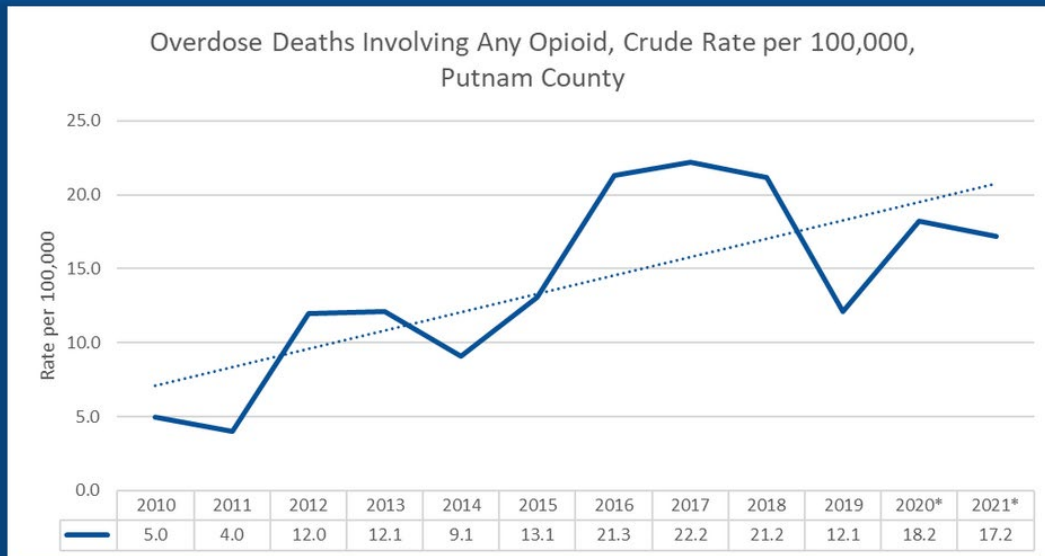


# NYS OPIOID DATA REPORTS

## WHAT IS IT?

NYS compiles data specific to opioid overdoses (NYS Opioid Annual Report and New York State County Opioid Quarterly Reports) and provides recommendations to improve the timeliness of reporting opioid-related data to support statewide prevention efforts. (NYSDOH, 2022).

## FINDINGS



# ORIGINS OF THE BRIDGE

- Isolated efforts based on incomplete data
- Gaps in data collection and sharing
- Gaps in services
- Many opportunities for collaboration and intervention

**Putnam County Overdose Worksheet**

To be completed and sent to:  
ADA Breanne Smith [breanne.smith@putnamcounty.gov](mailto:breanne.smith@putnamcounty.gov) &  
HOTA Crime Analyst Jessica Candler [jessica.candler@putnamcounty.gov](mailto:jessica.candler@putnamcounty.gov) or by selecting the "submit form" button

**Submit Form** **Reset Form**

Fatal  Non-Fatal

**On Scene Date & Time:** \_\_\_\_\_ **Incident #:** \_\_\_\_\_ **Case #:** \_\_\_\_\_

**Investigating Agency:** \_\_\_\_\_ **Investigating Member:** \_\_\_\_\_

**Overdose Incident Address:** \_\_\_\_\_ **Incident Jurisdiction (Village/Town of):** \_\_\_\_\_

**Drug Type:** \_\_\_\_\_ **State Info (if applicable):** \_\_\_\_\_

**Drugs and/or drug paraphernalia present?**  Yes  No **If yes, what kind?** \_\_\_\_\_

**Narcan administered?**  Yes  No **If yes, by who?** \_\_\_\_\_ **How many times?** \_\_\_\_\_

**Photos taken of scene?**  Yes  No **If yes, of what?** \_\_\_\_\_

**Victim Information:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Phone Passcode:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Brief description of victims recent whereabouts:** \_\_\_\_\_ **Social Media used by victim (login info if known):** \_\_\_\_\_

**Vehicle Information: (used by the victim)**

**State:** \_\_\_\_\_ **Plate:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Make/Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Known Drug History: (check all that apply)**

Heroin  Benzos/Barbiturates  Cocaine/Crack  Suprenorphine/Suboxone  Pain Pills

Unknown Pills  Alcohol  Methadone

Other (specify): \_\_\_\_\_

**History of Overdose? If yes, explain:** \_\_\_\_\_

**Discoverer/Witnesses/Victim's Associates Information:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Victim & Additional Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Victim & Additional Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Victim & Additional Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Victim & Additional Information:** \_\_\_\_\_

**Possible Supplier Information:**

**Name and/or AKA:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Page \_\_\_\_\_

**Putnam County Overdose Worksheet**

To be completed and sent to:  
ADA Breanne Smith [breanne.smith@putnamcounty.gov](mailto:breanne.smith@putnamcounty.gov) &  
HOTA Crime Analyst Jessica Candler [jessica.candler@putnamcounty.gov](mailto:jessica.candler@putnamcounty.gov) or by selecting the "submit form" button (on first page)

**List of Evidence Taken From Scene:** \_\_\_\_\_

**Statement from Victim:** \_\_\_\_\_

**EMS Information:**

**Paramedic Information:** \_\_\_\_\_ **Transporting Ambulance:** \_\_\_\_\_

**Hospital Name:** \_\_\_\_\_

**Notifications Made:**

**Patrol Sgt:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**BC:** \_\_\_\_\_ **Narcotics/CNET:** \_\_\_\_\_

**Police Personnel on Scene:**

**Patrol:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**BC:** \_\_\_\_\_ **Narcotics:** \_\_\_\_\_

**Additional Information:**

Page 2 of 2



# ALLIANCE MEMBERS

- PC DEPT. OF SOCIAL SERVICES, MENTAL HEALTH, AND YOUTH BUREAU
- PC EMS
- PC HIGH-INTENSITY DRUG TRAFFICKING AREAS (HIDTA)
- PC SHERIFF'S OFFICE
- PC DEPT. OF HEALTH
- PREVENTION COUNCIL OF PUTNAM
- PC OFFICE OF THE CORONER



# THE GOALS OF THE ALLIANCE

## SHORT-TERM GOAL

- Increase data collection for substance-involved Fatal and non-fatal overdoses in Putnam County
- Establish a data-sharing process to increase peer outreach, engagement, and referrals

## LONG-TERM GOAL

- Reduce Substance-involved Fatal and non-fatal overdoses in Putnam County

# SHARED INTERVENTION OBJECTIVES

- Inform the need for targeted interventions
- Establish an evidence base for services and funding
- Reduce multiple calls to an address
- Increase peer recovery engagement with residents at risk for an overdose
- Identify/quantify the number of resources needed by type for Substance-involved Individuals through report-back from a Certified Recovery Peer Advocate

# ALLIANCE ACTIVITY #1

# THE BRIDGE

PUTNAM COUNTY NEW YORK

BRIDGING THE GAP BETWEEN YOU &  
THE RESOURCES YOU NEED



[WWW.PUTNAMCOUNTYNY.COM/THEBRIDGE](http://WWW.PUTNAMCOUNTYNY.COM/THEBRIDGE)

MENTAL HEALTH, SUBSTANCE  
INVOLVEMENT,  
& SUICIDE PREVENTION  
RESOURCES



# ALLIANCE ACTIVITY #2

## PUBLIC HEALTH SURVEILLANCE

### PROJECT

- Substance-Involved Data Collection

### PURPOSE

- To enhance data and surveillance capabilities to support substance use harm reduction activities

### WHERE IS THE DATA COMING FROM?

- HITDA- ODMAPS
- Dispatch - Microsoft Forms

### WHAT VARIABLES ARE MOST USEFUL?

#### ODMAPS:

- Incident\_date
- Incident\_zip
- Primary\_resp\_agency
- Suspected\_substances
- Narcan/#\_doses
- History\_address
- Associate\_info
- Prev\_OD
- Personal Identifiers (Case\_name, address, phone\_#)

#### Dispatch:

- Event\_#
- Age
- Gender
- Address
- Responding\_Agencies
- Category (Overdose, Substance-involved)
- Suspected\_Substance
- Notes

# ALLIANCE ACTIVITY #3

## INDIVIDUALIZED INTERVENTION

### PROJECT

- Substance-involved data collection & peer connection

### PURPOSE

- To increase access to harm reduction resources

### ACTIVITIES

- Collect data from dispatch to enable CRPA connection to a substance involved individual within 72 hours of a substance-involved call to 911
- Collect data from CRPA regarding harm reduction resources and social determinant of health referrals

# ALLIANCE ACTIVITY #4

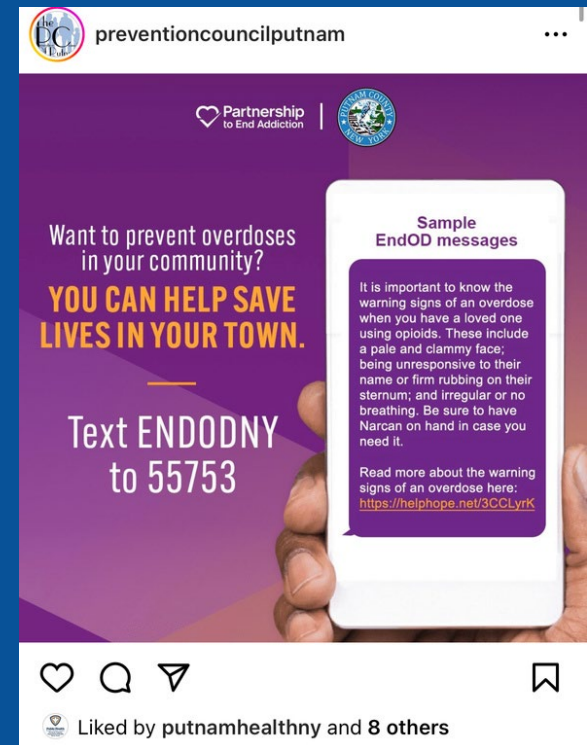
## EndOD NY

### WHAT IS IT?

- A Pilot program through the Partnership to End Addiction to send harm reduction education and life-saving tools, including overdose alerts, via SMS.

### FEATURES

- Populations
  - Parent/Caregiver
  - Medical Professional/First Responder
  - Community Member
  - PWUD
  - All Subscribers
- Messages
  - Health Promotion
  - Event Promotion
  - Prevention Education
  - Recovery Support
  - Harm Reduction Education
  - Resource Sharing
  - Spike Alerts



(Prevention Council of Putnam, 2023)

# ALLIANCE ACTIVITY #5

## HARM REDUCTION EDUCATION HIGHLIGHTS

### ACTIVITIES

- Narcan Behind Every Bar (NBEB)
  - Educate Spanish-speaking food service owners/operators and their staff on what an overdose looks like and how to administer Naloxone
- Community Events
  - Handing out Opioid response Kits, drug-checking test strips, and safe medication-deactivation bags.
  - Promoting Health Equity through offering Narcan trainings to Spanish-speaking populations
    - National Night Out in Brewster
    - Putnam County Country Fest and 4-H Showcase





# FUTURE GOALS

- Modify the Postvention framework to use for families impacted by fatal overdoses (AHCCCS, n.d.)
- Direct reporting through Bridge Alliance Members
- Engaging People with Lived Experience (PWLE)
- Increase Certified Recovery Peer Advocate Capacity
- Expanding to include more Community-Based Organizations
- Overdose Fatality Review

# REFERENCES

AHCCCS. (n.d). Postvention Information Sheet.pdf. <https://www.azahcccs.gov/AHCCCS/Downloads/PostventionInformationSheet.pdf>

David, J. (2021). NIH HEAL initiative: Healing communities study. Columbia University School of Social Work.

[https://www.healingcommunitiesstudy.org/sites/new\\_york.html](https://www.healingcommunitiesstudy.org/sites/new_york.html)

PCDOH. (2022). Putnam county community health assessment and community health improvement plan, 2022-2024. Brewster, NY: Putnam County Government.

[https://www.putnamcountyny.com/images/Departments/Department\\_of\\_Health/PDF\\_Documents/CHA.chip/Putnam\\_CHA\\_CHIP\\_2022-2024.pdf](https://www.putnamcountyny.com/images/Departments/Department_of_Health/PDF_Documents/CHA.chip/Putnam_CHA_CHIP_2022-2024.pdf)

Prevention Council of Putnam [@preventioncouncilputnam]. (2023, August 1). "In 2022, we lost 109,680 people to overdose in the United States alone. In Putnam County, we lost 25 people to overdose death..[Photograph]". Instagram. <https://www.instagram.com/p/CvaGx4atKEv/?igshid=MzRIODBiNWFIZA==>

Putnam County. (2023). The Br;dge resources: Bridging the gap between you and the resources you need. website. <https://www.putnamcountyny.com/thebridge>

New York State Department of Health [NYSDOH]. (2022). Opioid-related data in New York State. New York State Department of Health.

<https://www.health.ny.gov/statistics/opioid/>

# Fellow Spotlight

## Stacey Gussak – Putnam County Fellow

# EARLY CHILDHOOD IMMUNIZATION INTERVENTION

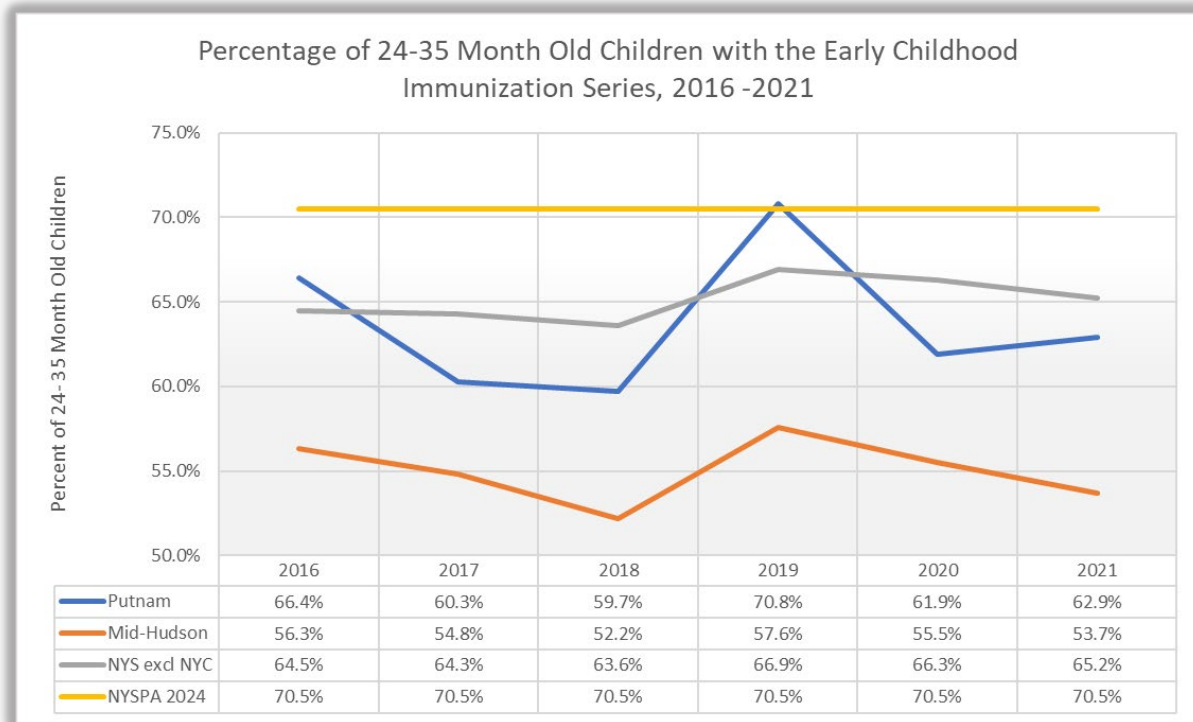




# LEARNING OBJECTIVES

- Intervention Rationale
- Community Health Improvement Plan (CHIP)
- Intervention Overview
- Protocol
- Baseline Metrics
- Recruitment Summary
- Workflow Summary
- Process Metrics to Date
- Next Steps

# INTERVENTION RATIONALE



- Early childhood vaccination was identified as one of Putnam's 10 main health challenges in the 2022 Community Health Assessment (CHA)
- Intervention aims to catch up children ages 2-5 who:
  - May have fallen behind on routine early childhood vaccinations during the COVID-19 pandemic
  - For whom vaccination may not be required if they do not attend a licensed pre-school/day care

Source: NYS Prevention Agenda Dashboard, Prevent Chronic Diseases

[https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/dashboard/pa\\_dashboard&p=ctr&ind\\_id=pa40\\_0%20&cos=37](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=ctr&ind_id=pa40_0%20&cos=37)

# COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

## Priority Area

Prevent Communicable Diseases

## Objective 1.1.1

Objective 1.1.1: By December 31, 2024 increase the rates of immunization among NYS 24-35-month-olds with the 4:3:1:3:3:1:4 series (4 DTaP, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 varicella, 4 PCV13)

## Focus Area 1

Vaccine Preventable Diseases

## Intervention 1.1.2

Maximize use of the New York State Immunization System (NYSIIS) for vaccine documentation and reminders and recall. Increased use of vaccine registries can better inform vaccine coverage and help address disparities in coverage including those for specific age groups.

## Goal 1.1

Improve Vaccination Rates

# INTERVENTION OVERVIEW

- Who: children between the ages of 2-5 years
- What: using Reminder & Recalls (RR) to catch up on early childhood vaccinations
- When: beginning in Spring 2023
- Where: Putnam County pediatric providers



# PROTOCOL

- Conduct baseline measurements for 9 county pediatric providers
- Recruit practices via phone and email using the recruitment flyer
- Work with pediatric practices:
  - Data cleaning cross-checking NYSIIS and electronic medical records (EMR)
  - Create workflow for reminders and recalls (RR)
- Collect practice metrics

# BASELINE METRICS, FEBRUARY 2023

Practices	% 24-35 months complete	% 36-47 months complete	% 48-59 months complete	% 60-71 months complete	% 24-71 months complete
A	49%	59%	55%	57%	56%
B	84%	86%	88%	93%	87%
C	72%	80%	83%	78%	78%
D	65%	81%	80%	74%	76%
E	81%	88%	78%	78%	81%
F	53%	67%	60%	57%	59%
G	61%	30%	45%	61%	48%
H	5%	24%	48%	64%	43%

# RECRUITMENT SUMMARY



## Early Childhood Vaccine Intervention

**PCDOH NEEDS YOUR HELP TO KEEP PUTNAM THE HEALTHIEST COUNTY IN NYS**

**What:** We are conducting an intervention to raise early childhood vaccination rates in the county by partnering with practices.

**Why:** In 2021, only 62.9% of Putnam County 2-year-olds completed their early childhood vaccinations. We are trying to reach the NYS Prevention Agenda goal of 70.5% by 2024.

**Who:** We are enrolling county [Vaccines for Children \(VFC\)](#) provider practices to participate in the intervention during [Immunization Quality Improvement Program \(IQIP\)](#) visits.

**How:** PCDOH will partner with participating practices to use tools in the NYS Immunization Information System (NYSIIS) to:



Remove inactive patients



Ensure that the EMR and NYSIIS accurately reflect all vaccinations given



Identify patients that are due or overdue for vaccines and send reminders

- Goal: recruit 3 pediatric practices (plus PCDOH) out of the 9 pediatric practices in the county for IQIP visits for through 2024
- To Date: 2 pediatric practices are currently enrolled in the intervention along with PCDOH
- Recruitment is still ongoing
  - Immunization Program Coordinator (Jeanette Baldanza RN, BSN) holds a positive rapport with practices
  - Practices are recruited via phone and email and are provided an intervention flyer

# WORKFLOW SUMMARY

- All pediatric practices are unique!
  - Important to figure out the practice's workflow and work with them to successfully conduct intervention

## Practice F vs. Practice H Workflow (both solo practices)

### Practice F

- 1 physician and 3 nurse practitioners
- Recruited over phone followed by in person visit
- Started with over 150 patients on RR list
- Office manager, front desk staff, and nurses went through NYSIIS and compared to EMR to data clean
- Vaccine reminders sent via mail and phone call

### Practice H

- 1 physician, 0 nurses
- Recruited over phone followed by in person visit
- Started with 24 patients on RR list
- Physician and part-time office manager went through NYSIIS and compared to EMR to data clean
- Vaccine reminders sent via text and phone call



# PROCESS METRICS SUMMARY

## Intervention Process Metrics Summary

	May	June	July	August to date
Number of phone recruitment attempts	2	1	1	1
Number of initial assessments	2	1	0	1
Number of practices agreeing to participate	2	1	0	0
Number of 2 month follow ups	0	0	2	0
Number of 6 month follow ups	0	0	0	0
Number of 12 month follow ups	0	0	0	0

# PROCESS METRICS SUMMARY

## Process Metrics by Practice

	Initial RR Count	Reminder/Recalls sent	# of Appointments Made for RR Recipients
Practice F	158	4	4
Practice H	24	3	1
Practice I	13	0	0

# NEXT STEPS

Continue to actively recruit other pediatric practices in the county who have not been enrolled

Conduct 2-, 6-month follow-ups for enrolled practices to collect process metrics and troubleshoot workflow issues

At the 12-month mark, collect final process measures and conduct assessments to compare outcome measures to baseline

THANK YOU!

Any questions or  
comments?



# Professional Development and Employment Resources



# New York State Department of Labor

- Regional Career Center Locations
- Virtual Career Center
- New York State Career Center Events and Recruitments
- New York State Job Bank Online Posting Board

# Public Health Career Websites

- NYSACHO
- New York State Department of Health
- Health Research, Inc.
- I PRO
- NYSTEC

# Public Health Career Websites Cont.

- [USA Jobs](#)
- [CDC Foundation](#)
- [Public Health Jobs](#)
- [PublicHealthCareers.org](#)
- [Public Health Employment Connection](#)

# Closing, Announcements, Updates & Save the Date





# Announcements & LinkedIn Reminder

- Please complete the Consortium Meeting Evaluation Survey which will be sent via email following this meeting
- Be sure to join the NYSPHC Fellowship Program LinkedIn Group to continue networking and professional development



# NYSPHC Training and Resources Website

<https://nysphcresources.health.ny.gov/training-resource-center>

New York State Public Health Corps

## Fellowship Program



Training Resource Center Home



About the  
NYSPHC



Fellow Training  
Resources



Mentor Training  
Resources



Resources by  
Region



Workgroup  
Resources

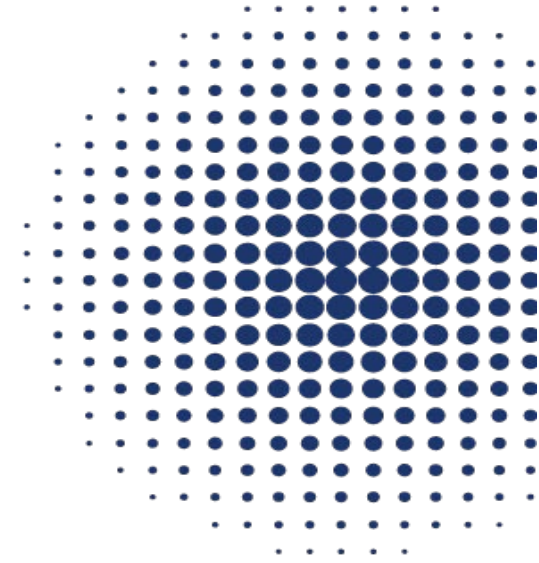
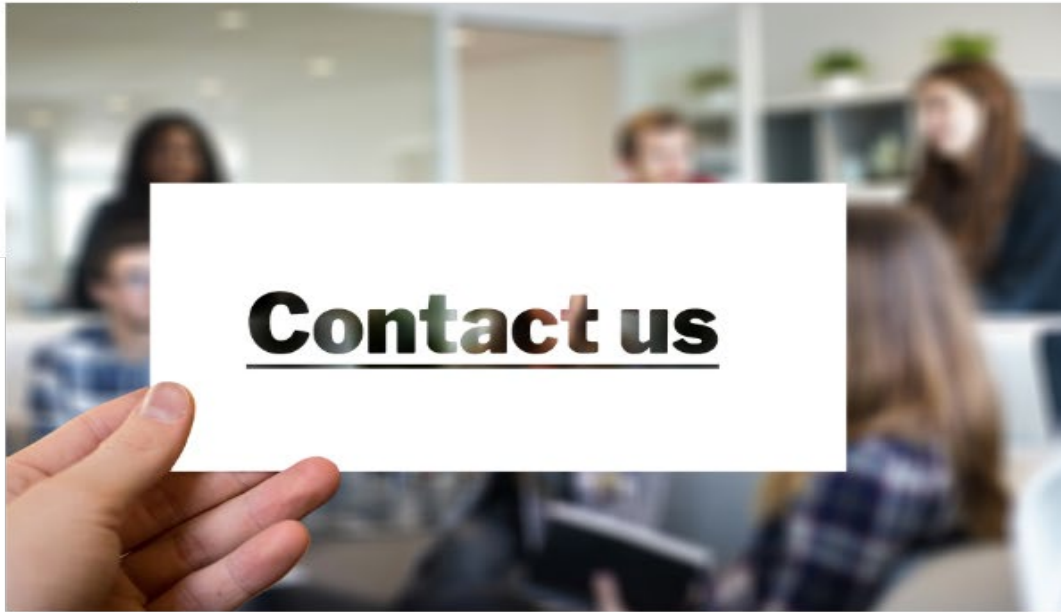


NYSPHC Events  
Calendar

# Save the Date!

Save the date for the following upcoming Regional Consortium meetings:

- ❑ Upcoming PHE Cornell cohort – September 27<sup>th</sup>
- ❑ Educational Series – October 11<sup>th</sup>
- ❑ NYSPHC Summit - December 12-13, 2023  
at the Albany Capital Center
- ❑ Regional Consortia - March 2024
- ❑ NYSPHC Summit - June 2024



Molly.Ridley@health.ny.gov



845-794-8006



Ankita.Dahiwade@health.ny.gov



914-654-7071



Gianna.Woodard2@health.ny.gov



631-851-3655



Randy.Hansen@health.ny.gov



631-851-4334