

**Testimony
of
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New York City Department of Health and Mental Hygiene
before the
New York City Council Committee on Health
on
The Inaugural Year of HealthyNYC**

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Good morning, Chair Schulman and members of the Committee. I am Dr. Michelle Morse, Acting Health Commissioner and Chief Medical Officer at the New York City Department of Health and Mental Hygiene. I am joined today by Gretchen Van Wye, Assistant Commissioner in the Bureau of Vital Statistics; Carolyn Olson, Assistant Commissioner in the Bureau of Environmental Surveillance and Policy; and Elizabeth Solomon, Executive Director, Nutrition Policy and Programs. Thank you all for the opportunity to testify today on HealthyNYC, our campaign for healthier, longer lives.

In November 2023, we launched HealthyNYC *not* as a singular Health Department initiative, but as an overarching framework for how New York City should approach public health. Every piece of our work at the Health Department—and work beyond this agency—is in pursuit of a larger, shared goal.

The increase in life expectancy you see between 2021 and 2022 largely reflects the impact of controlling the COVID-19 pandemic. Our citywide emergency response proved that public health works when there are significant investments and a whole of government response, and HealthyNYC builds on that success. This *is* public health at work.

We've set out to raise the life expectancy of our city to its highest-ever level: 83 years by 2030. To achieve that overarching goal, HealthyNYC sets ambitious targets to address the greatest drivers of premature death, including chronic and diet-related diseases, screenable cancers, overdose, suicide, maternal mortality, violence, and COVID-19.

As Acting Commissioner and a practicing physician at H+H Kings County, I have seen first-hand how these drivers impact New Yorkers—they degrade our health and shorten out lifespans. We are excited to discuss our activities over the last year with you, including the release of our latest datasets, which we announced at our recent HealthyNYC Symposium.

I also want to express my gratitude to Speaker Adams, Chair Schulman, and all the members of the City Council who voted to make HealthyNYC a local law. From its inception, HealthyNYC was designed to be an evolving project. By codifying this work, you all helped ensure that we continue to reevaluate our goals and approaches in accordance with the latest data. You also helped preserve HealthyNYC as a permanent part of the architecture of this city, regardless of changes in administrations and commissioners alike. We appreciate your commitment to this endeavor. Thank you for working with us to accomplish this goal.

By adopting the goal of raising our city's life expectancy, we've committed ourselves to improving a critical measure of our society's progress.

We are part of a field that has dramatically remade human history. Public health has proven its value time and again. Through improvements in sanitation, water infrastructure, and vaccinations, we've been able to extend life expectancy in our city and our country by several decades over the course of history.

It's time to take another leap forward.

We're coming off the heels of a pandemic that took years off our lives—in New York City in particular, life expectancy dropped by nearly five years in 2020. We needed to recover the years we lost and extend life expectancy, which had stagnated for nearly a decade before the pandemic.

The New York City Health Department is the oldest and largest Health Department in the country. We have a staff of more than 7,000 people, and we possess both deep public health expertise *and* a clear

commitment to racial equity. The latter has been notably absent from major public health advancements over the course of our history.

For instance, reliable access to clean drinking water helped dramatically increase national life expectancy. But access to that water was not—and still is not—shared equitably. Most places you look—in education, housing, and beyond—outcomes across our society are stratified by race and wealth.

This time, as we set out to improve life expectancy, we've resolved to interrupt a long, historical pattern of indifference toward racial inequities and unfair access to life-saving interventions.

That commitment to health equity undergirds HealthyNYC. We are determined to drive our resources toward communities with the most unfair health outcomes—in other words, communities who have experienced disinvestment and who stand to benefit from this work the most.

To that end, we've structured our work around three distinct pillars. The first is our public campaign, which aims to educate New Yorkers about our work and the resources available to them. The second is our commitment to bring together experts and stakeholders from often-siloed sectors—be that public and private, community and government, or public health and clinical care. The last pillar is our recognition that none of this work matters unless we change the way we focus our resources. We're working to ensure that public health interventions with proven success continue to make an impact.

The foundation that unifies all three of these pillars is *equity*. We're determined to create and implement targeted health interventions that address the centuries of disinvestment responsible for inequitable health outcomes.

In our first year, we've made remarkable progress.

We launched our HealthyNYC partner program to bring in a diverse set of stakeholders from clinical care, academia, and the private sector. HealthyNYC partners formally join our cause for healthier, longer lives. They help publicize our campaign, contribute to one or more of our goals in their own work, and lend their resources to these efforts.

We also developed seven strategy maps to align with each of our HealthyNYC goals. Our strategy maps identify the most effective health interventions for each mortality driver and name the stakeholders—including healthcare systems, policymakers, and community-based organizations—that are best positioned to carry out those interventions. They serve as a guide for both the Health Department and our broader network of partners as we continue to work towards our goals.

The strategy maps complement topic-specific plans and reports that the Health Department has issued in recent years that outline strategies and recommendations. Those include Care, Community Action: A Mental Health Plan for NYC, released in 2023; the Maternal Mortality Review Committee's report on Pregnancy-Associated Mortality in New York for the years 2016-2020, which was released in September of this year; and a forthcoming report on chronic disease that we plan to issue in early 2025.

Lastly, we've announced our partnership with the Institute for Healthcare Improvement to launch three Improvement Collaboratives over the next two years. These Improvement Collaboratives focus on behavioral health, preventative health, and maternal mortality. Each one will bring together relevant stakeholders to create and implement a path forward for better health outcomes in their area of focus.

While we are currently in the planning stages of this work, these Collaboratives will launch in the spring of 2025.

As we continue to refine our work and launch new programs, we need a clear picture of health in New York City in as close to real time as possible. That leads me to the reason we're all here today: the release of our 2022 data.

I'd like to preface these data by clarifying that this is our most recent set of numbers from 2022, and we launched HealthyNYC in November of 2023.

We can't attribute these numbers—for better or worse—to this campaign just yet. But what they offer instead is a clearer picture of the state of our city. They provide us with crucial guidance and insight on how we might refine our focus moving forward.

There are a few trends I'd like to highlight today.

The first is our overall progress toward higher life expectancy. We are on track to meet or exceed our goal of raising New Yorkers' life expectancy to at least 83 years by 2030.

Life expectancy at birth in 2022 rose to 81.5 years. That's up by almost a year from 80.7 in 2021—but it's still about a year below the pre-pandemic level in 2019. As a city, we're moving in the right direction—but even as we gain back some of the time we lost in the pandemic, we've maintained the pre-existing inequities in lifespan.

Black communities die younger than their white, Hispanic, and Asian neighbors. These data reveal that despite citywide gains, Black New Yorkers are dying more than five years earlier than white New Yorkers.

I also want to acknowledge that New York City is home to the largest urban population of people identifying as Natives, First Nations, and Indigenous peoples of the Americas in the United States. That group constitutes about 118,000 people, which is 1.3 percent of our city's population. They are not reflected in HealthyNYC due to the size of the population and the smaller number of deaths, which make one-year statistical estimates unreliable.

Now, I'd like to parse out what's driving both the increase in life expectancy and the persistence of racial inequity.

Let's start with the good news: we're gaining back years largely because COVID-19-related mortality has dropped so dramatically in recent years. From 2021 to 2022, we saw a 48 percent decrease in the COVID-19 death rate. We're well on our way to surpass our goal of a 60 percent decrease by 2030. That drop is in and of itself an enormous victory. But what stands out to me is that overall numbers have declined *and* the gaps between racial groups have narrowed significantly.

At the height of the pandemic, there was massive racial inequity in COVID-19-related deaths. In 2020, Black and Hispanic New Yorkers were dying at twice the rate of white New Yorkers. In 2022, COVID-19 mortality was 1.2 times higher among Black residents than their white and Hispanic counterparts. While health outcomes are still not equitable, that's a meaningful improvement. Racial inequity in COVID-19 deaths is now significantly less than it is among our other major mortality drivers.

COVID-19 is our proof point that we can make meaningful and rapid change when we have the political will to take a cross-sector approach to public health and can invest the resources needed in priority communities—all part of operationalizing equity.

There are other areas, however, that are slower to progress. We did not see a statistically significant change—citywide or in terms of racial inequities—in the death rates for heart- and diabetes-related diseases, which remain the leading cause of death in our city. We will continue to monitor these numbers closely and prioritize our health interventions in that arena.

Our 2022 data also revealed some areas where death rates are climbing.

Overdose deaths more than doubled from 2019 to 2022—and that uptick has been especially steep for Black and Hispanic New Yorkers. To me, what puts the gravity of this trend into perspective is just how much overdoses have climbed the ranks. In the last decade or so, they have become a leading cause of death in New York City.

In 2010, overdoses were the 10th leading cause of death in New York. In 2020, they were the sixth. And in 2022, they ranked *fourth*. We are facing a crisis that has dramatically worsened in recent years, especially among Black and Hispanic communities.

The increased isolation imposed by the pandemic and the influx of often-undetected fentanyl in the drug supply have had devastating effects across our city. More than 80 percent of fatal overdoses involved fentanyl in 2022.

The racial inequities in these deaths are a clear consequence of long-term community disinvestment and structural racism. While our overdose prevention efforts are citywide, they focus on the communities with the highest need. We are working to make naloxone and fentanyl test strips widely available, strengthen our harm reduction programs, and partner with community-based organizations in high-need areas to support the full continuum of care.

Perhaps the most important thing these data can show us are the pain points of our city's health. The numbers illuminate the issues and communities we owe our care, our attention, and our resources. It's up to us to listen and act.

As we enter the second year of HealthyNYC, our charge is clear. While we work to give all New Yorkers more time, we can't lose sight of the reality that we're facing deep inequities in longevity—who lives, and who dies. There is no more valuable currency than time, and in turn, there is no greater injustice.

HealthyNYC is working just as it was intended to: the data we're collecting offers insight for how we can better tailor our work to the needs of the city we all serve. I am so proud of this work—particularly the gains in life expectancy we made as a result of our whole of government response to the COVID-19 pandemic—and I believe wholeheartedly in our potential.

We owe it to New York—and to Black New Yorkers in particular—to do everything we can to give them more time with the people they love. We look forward to working with Council as we continue this work. Thank you for your ongoing partnership.

I will now turn to the legislation attached to this hearing.

First, I'll address Int. 641, which relates to nutritional standards and beverage options for children's meals served in food establishments. The Health Department consistently supports efforts to promote healthy

eating and we appreciate the intent of this bill. As this bill is currently written, restaurants would not be able to comply with the terms of the proposed legislation and the Health Department would be unable to enforce it. We look forward to continuing the conversation with the Council on this legislation.

I would also like to address Int. 1047, which relates to establishing a sleep apnea screening pilot program and public education and outreach campaign. The Health Department does not provide care that requires specialized, repeat visits to clinical healthcare facilities and is therefore unable to stand up this type of programming. Our colleagues at H+H have submitted written testimony on their sleep apnea program.

Thank you for the opportunity to testify today. I'm happy to answer any questions.