

New York State Department of Health

Health Equity Council

December 5, 2025 - Meeting Minutes

Attendees	Council Members: Helen Arteaga, Sara Boerenko, Ngozi Moses, Mario R. Ortiz, Earlando Thomas, LaRay Brown, Luis (Freddy) Molano, Guillermo Chacón, John R. Pamplin II Partial Attendance: Luis (Freddy) Molano Council members absent: Raul Vazquez, Mill Etienne, Alberto J.F. Cardelle, Tandra LaGrone New York State Department of Health Office of Health Equity and Human Rights Staff: Kacey Griffin, Tina Kim, Annabelle Bangs, Alice Spina, Pauline Santos, Mary McCormick, Jenny DesChamps New York State Department of Health Staff: Kristina Usack, Barbara D. Sykes, Stephanie Gagnon, Virginia Sack, Jamie Spina, Suzanne Swan, Paloma Luisi
Call to Order	The meeting was convened at 10:34 A.M. Chair, Dr. Mario Ortiz, RN, NP, PhD, FNAP, FAAN, introduced himself and welcomed fellow Health Equity Council members. Brief introductions of each participant. Dr. Mario Ortiz called meeting to order.
Council Business	Dr. Mario Ortiz, Chair: • Motion for approval of meeting minutes from December 2024, March 2025, and June 2025. • Provided overview of the agenda.
Updates from the New York State Department of Health	Tina Kim, Deputy Commissioner for the Office of Health Equity and Human Rights, provided updates from the New York State Department of Health to the Health Equity Council members. • Rural Health Transformation Grant: A comprehensive stakeholder engagement process was conducted across New York State to inform the Department of Health's application for a federal rural health transformation grant. This grant aims to improve health care access and quality in rural areas, where over two million New Yorkers reside and face significant health disparities. The New York State Department of Health's application focuses on four initiatives: establishing rural health partnerships, strengthening primary care with technology, building a sustainable rural health care workforce, and investing in technology innovation and cybersecurity. States selected for this grant are expected to be notified by the end of the year. The Health Equity Council and other advisory boards were thanked for their crucial role in gathering feedback. • Safety Net Transformation Fund: Governor Hochul recently announced six new partnerships totaling \$2.6 billion through the Safety Net Transformation Fund, established to incentivize collaborations between Safety Net hospitals and health care organizations. • Food Security: The New York State Department of Health is prioritizing efforts to combat food insecurity, a critical social determinant of health. While the New York State Office for Temporary Disability Assistance administers the Supplemental Nutrition Assistance Program (SNAP) benefits, the New York State Department of Health plays a role in

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supporting food banks and emergency food providers through state emergency food assistance funds. Concerns remain about the politicization and threats to food security, and the Health Equity Council's input is sought to inform future actions.

- **Vaccinations:** In response to the "triple threat" of influenza, COVID-19, and Respiratory Syncytial Virus (RSV), the New York State Department of Health is working to increase vaccination uptake. They are closely monitoring federal decisions regarding childhood immunization schedules, including the hepatitis B vaccine, and ensuring New York has necessary protections and clear guidance. Efforts are underway to improve public awareness and address confusion about vaccination eligibility, urging health care providers and facilities to emphasize the importance of vaccination.
- **World AIDS Day and Ending the Epidemic Summit:** The New York State Department of Health's AIDS Institute is hosting its 10th annual Ending the Epidemic Summit and 27th annual World AIDS Day event in Albany, themed "One Journey, One Community, One Mission to End Epidemics." This event will focus on implementation successes, policies, and research. Despite a federal directive not to observe World AIDS Day, New York is committed to commemorating it to remember those lost and address ongoing challenges of silence, stigma, and disparities.
- **"Unfiltered" Docuseries:** The AIDS Institute has launched a docuseries to highlight the lived experiences of Black and Brown individuals in New York and raise awareness about Pre-Exposure Prophylaxis. This initiative is particularly important given the disproportionate impact of HIV on communities of color and their underrepresentation in Pre-Exposure Prophylaxis usage. The Health Equity Council is encouraged to help increase the visibility of this series.

Dr. Mario Ortiz asked Tina Kim to comment a little bit without going into deep about the discussion at the December 4, 2025, Public Health and Health Planning Council (PHHPC) Full Council meeting about the health equity impact assessment

Tina Kim responded: The Public Health and Health Planning Council discussed the **Health Equity Impact Assessment (HEIA) program**. This program, established in June 2023, requires Article 28 health care facilities to submit Health Equity Impact Assessments for certain certificate of need applications. These assessments involve engaging with community members, patients, and staff to understand the potential impacts of proposed service changes, additions, or relocations on patient access.

Key points from the discussion include:

- **Confidentiality and Privacy Concerns:** Similar to previous Public Health and Health Planning Council meetings, there were ongoing discussions about the confidentiality and privacy of individuals who participate in these community engagements. Facilities are required to use independent third parties to conduct these assessments. The New York State Department of Health acknowledges these concerns and is working to ensure privacy protections without discouraging free and open feedback from the community.
- **Quality Control:** While the New York State Department of Health has the ability to request verification that individuals were indeed consulted, they have not yet needed to exercise this option.

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	• Legal Counsel Engagement: Extensive conversations have been held with general counsel to ensure that any disclosed information remains protected. • Ongoing Action: The New York State Department of Health is taking these concerns seriously and is meeting to develop additional guidance, recognizing the heightened importance of these issues in the current climate, particularly concerning immigration. Question: Dr. Freddy Molano: Does Article 28 apply to all health care facilities? More importantly does it cover hospitals? Answer: Tina Kim: Yes, it is. The health equity impact assessment statutory requirements apply to all Article 28 health care facilities, which includes hospitals, nursing homes, ambulatory surgery centers, diagnostic treatment centers, and midwifery birthing centers.
New York State Department of Health Sickle Cell Disease Program Updates	Wadsworth Center - Newborn Screening Program, Stephanie Gagnon and Virginia Sack • Program Purpose and Objectives: The primary objective is to raise awareness about sickle cell disease and commemorate the 50th anniversary of sickle cell disease screening in New York. • Primary Rules and Procedures Outlined: - o A social media campaign on Instagram, Facebook, and X during October and November, focusing on sickle cell disease and the history of screening in New York. - o The illumination of 12 buildings and landmarks across New York in red on September 27th, 2025, to celebrate National Sickle Cell Awareness Month. • Relevant Implementation Guidelines: The implementation involved using social media platforms and coordinating the illumination of prominent buildings and landmarks. Bureau of Child Health - Kristina Usack • Core Purpose and Objectives: Ongoing efforts and initiatives related to sickle cell disease, including contractor engagement, program presentations, equipment procurement, and data analysis to improve care access, particularly during the transition to adult health care. - o Quarterly Contractor Calls: A regular meeting held on November 4th, 2025, to discuss sickle cell disease-related matters. - o Program Presentation: Next Step, a community-based organization, presented on their transition programming for young people with chronic illness, focusing on community music and mentorship for ages 13-29. - o Equipment Procurement: Long Island Jewish Medical Center, a contractor, purchased specific medical equipment (phlebotomy chairs, transilluminators, vein finder) for their pediatric ambulatory chemotherapy and transfusion center.

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	o Health Data Discussion: Collaboration with the Bureau of Quality Measurement and Evaluation within the New York State Department of Health began in October 2025 to discuss sickle cell disease-related health data to inform efforts to increase access to care, especially during the transition to adult care. Question: Dr. John Pamplin: Are you able to track any type of metrics regarding the reach of your social media posts or engagement? Answer: Virginia Sack: No but we will reach out to our staff that organize and manage the posts to see what information they have and are able to pull.
Sickle Cell Disease: Data Considerations	New York City Health + Hospitals Demonstration to Increase Hydroxyurea Prescribing for Children with Sickle Cell Disease Through Provider Incentives, Paloma Luisi, Bureau Director Quality Measurement and Evaluation, Center for Applied Research and Evaluation, Office of Health Services Quality and Analytics, New York State Department of Health • Paloma Luisi delivered presentation on the work of the Office of Health Services and Quality Analytics in improving health care quality and outcomes for New Yorkers with sickle cell disease by collecting, analyzing, and publishing health care quality data. Paloma discussed a report, titled “New York City Health + Hospitals Demonstration to Increase Hydroxyurea Prescribing for Children with Sickle Cell Disease Through Provider Incentives,” in which financial incentives were shown to increase the amount of Hydroxyurea prescriptions written by participating health care providers. Please find the link to the presentation here: Hydroxyurea Prescribing Demonstration Question: Dr. Mario Ortiz: What is the hesitation to prescribe hydroxyurea by prescribers? Answer: Paloma Luisi: There is misinformation about the drug and there is concern that the use of it will cause infertility. There is a lot of concern about it harming patients. Question: Ngozi Moses: Were adolescents involved in this research? Answer: Paloma Luisi: Children were included and showed improvement. Providers expressed difficulty in engaging adolescents, specifically. Question: Dr. Freddy Molano: Is there a way to do a study on people who are not on Medicaid? Particularly among immigrant populations who do not have access to Medicaid or other types of managed care. Answer: Paloma Luisi: Yes, that will be done in 2026 because the all-payer database provides access on all who submit claims for sickle cell. Question: Dr. Earlando Thomas: Can you provide data on both treatments and outcomes? Answer: Paloma Luisi advised this may be accessible through vital records, she will check. She encouraged the Health Equity Council to consider speaking to Dr. Kenneth Rivlin who has thoughts on what information may be helpful to examine.

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	Question: Dr. John Pamplin: Inquired about inclusion criteria for sites included in study. Answer: Paloma Luisi: Advised that as this was not a randomized control trial, NYC Health and Hospitals chairs identified site participants. Data was collected and compared between participating and non-participating sites. They tried to include a private site, but they did not agree, though they were able to find data on children on Medicaid in a public hospital setting. Question: Guillermo Chacón: Are there other states that are heavily impacted by sickle cell which have implemented similar studies? Answer: Paloma Luisi: Other states have innovative models which they may want to study, though federal grant money may not be available at this time. It would also be helpful to see what the impact of health homes and patient-centered care have on sickle cell outcomes.
Focus Area Updates	
Sickle Cell Disease	Update provided by Alice Spina and Pauline Santos: • Staff provided updates on sickle cell survey and community listening session progress. • Staff refreshed pending legislation that would amend the Health Equity Council's charge pertaining to sickle cell disease - the amendment would allow the Health Equity Council to issue mandates to the Commissioner of Health, which would be a change in precedence as the Health Equity Council is designated as an advisory board. The amendment would also add additional areas of study for the Health Equity Council to consider. • The New York State Department of Health is closely monitoring the progress of this legislation.
Women's Health	Update provided by Dr. Earlando Thomas and Ngozi Moses: • A literature review and a fact sheet distributed to council members, both in-person and online. The fact sheet is a high-level, one-to-two-page summary, while the literature review provides a more in-depth exploration of the topics mentioned in the fact sheet. • Health Equity Council members are encouraged to review these documents and suggest areas for further investigation. Update Provided by Kacey Griffin: • The team has identified subject matter experts for women's health, including Dr. Barnes and another expert identified through Ngozi Moses, who will present in early 2026 meetings. • The primary focus of the conversations is on access to reproductive health care, including preconception care, early pregnancy testing, and community support. • Health Equity Council members are invited to share any additional ideas or suggestions. • Staff request additional subject matter experts to be shared as appropriate.

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Artificial Intelligence	Update Provided by Annabelle Bangs: • Health Equity Council members have received a literature review (with a section on "Medical Diagnosis") and a one-page overview of artificial intelligence in medical diagnosis. • The materials also cover proposed federal and New York State legislation related to artificial intelligence in medical diagnosis. • The artificial intelligence subcommittee is coordinating presentations for council members in the coming year. This will include the Chief Health Information Officer for the New York State Department of Health, key external artificial intelligence subject matter experts, and members from the Public Health and Health Planning Council. Update Provided by Sarah Boerenko: • Artificial intelligence can be used for simple, practical tools, not just complex systems. • A key example discussed is using artificial intelligence for translating documentation flyers and reviewing fake medical charts into multiple languages simultaneously. • Personal experience of receiving medical records in languages she doesn't understand and using artificial intelligence to scan and translate them into English. She highlights the challenge of not having subject matter experts for all languages. • Artificial intelligence can be a valuable tool for improving access to languages and information, which is crucial for providing appropriate patient care.
Bylaws: Enhancing Engagement	This discussion focused on the definition and importance of quorum for council meetings and voting. Key points include: • Definition of Quorum: It's clarified that a quorum is a majority of the <i>current active members</i> of the Health Equity Council. The chair is generally not included in the quorum calculation. • Impact of Vacant Seats: If there are vacant seats, the quorum is based on the remaining active members. For example, if there are 10 active members and 4 vacant seats, the quorum would be a majority of the 10 active members (5 people). • Bylaws Update: There is confusion and a lack of clarity regarding a specific bylaws update related to quorum. It's unclear if proposed changes were officially adopted or if they are still pending approval at a higher level. A review of a December 2023 meeting is suggested to clarify this. • Voting Requirements: For voting purposes, members must be present (in person or on video with video on) for their vote to count. Absence or having the video off means the vote will not be counted. • Consequences of Not Meeting Quorum: The lack of quorum can significantly delay the Health Equity Council's work, especially when there are many items to vote on, as seen with the upcoming annual report. • Current Working Rule: Until the bylaws are definitively clarified, the working rule for quorum is 50% of active board members (excluding the chair).

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Meeting Recap, Feedback, Action Items and Next Steps	Dr. Mario Ortiz summarized the next steps for the Health Equity Council, including the biennial report to the Commissioner of Health, which is to include: • A summary of meetings held in 2024 and 2025, with staff taking the lead on this section. • Items for voting, such as bylaw updates and Sickle Cell Disease (SCD) recommendations. • Discussions on future explorations and timelines. • Information gathered from survey and community listening sessions. • Considerations regarding women's health and artificial intelligence (AI). Dr. Mario Ortiz requested additional support from individuals, specifically within focus area teams, to contribute writing and narrative to the report, acknowledging their significant involvement in the work. Staff will reach out to them for this assistance.
Closing Remarks	Dr. Mario Ortiz thanked the Health Equity Council for a great discussion.
Public Comment and Adjournment	The meeting adjourned at 12:53 P.M.

2026 Health Equity Council Meeting Dates

- Date: February 20, 2026 – Time: 10:30 A.M. – 1:00 P.M. – Location: Albany/Virtual
- Date: May 1, 2026 – Time: 10:30 A.M. – 1:00 P.M. – Location: Virtual
- Date: September 18, 2026 – Time: 10:30 A.M. – 1:00 P.M. – Location: Albany/Virtual
- Date: December 18, 2026 – Time: 10:30 A.M. – 1:00 P.M. – Location: NYC/Virtual