

New York State Department of Health

Health Equity Council

February 20, 2026 - Meeting Minutes

Attendees	Council Members: Helen Arteaga, Mario R. Ortiz, Earlando Thomas, LaRay Brown, Guillermo Chacón, John R. Pamplin II, Tandra LaGrone, Alberto J.F. Cardelle Partial Attendance: Luis (Freddy) Molano, Council members absent: Raul Vazquez, Mill Etienne, Ngozi Moses, Sara Boerenko (excused) 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: Suzanne Swan, Stephanie Gagnon, Virginia Sack, Jamie Spina, Paloma Luisi, Taylor Mead-Patterson
Call to Order	The meeting was convened at 10:35 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.
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. • Vaccinations: The New York State Department of Health's Office of Public Health released the Childhood Immunization Schedule by Recommendation Group, 2026 in response to the United States Health and Human Services new immunization guidance released January 5, 2026. Federal guidance did not remove any vaccines from the list, but some were reclassified as risk-based for children. COVID-19, rotavirus and influenza immunizations were updated as well based on shared clinical decision-making. Hepatitis A, Hepatitis B, RS and Meningococcal serogroups press release and a joint health advisory with the New York City Department of Health and Mental Hygiene urging providers to continue following the immunization schedule consistent with the American Academy of Pediatrics guidelines. The New York State Department of Health joined the World Health Organization's Global Advisory Network to ensure New York State follows evidence-based guidelines to prevent outbreaks of infectious diseases. • Maternal Mortality: The Division of Family Health within the New York State Department of Health recently published the Factsheet on New York State Mental Health Pregnancy-Associated Deaths in 2018-2021 on the New York State Department of Health's Maternal Mortality website. This factsheet is a product of the Department of Health's Maternal Mortality Review Initiative, which was launched in 2010, to perform a comprehensive review of maternal deaths in New York State, increase awareness and knowledge of the issues surrounding maternal mortality, and promote changes among individuals, communities, and health care systems to prevent maternal deaths.

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- **Northeast Public Health Collaborative:** As shared in the September 19, 2025, Health Equity Council meeting updates, the New York State Department of Health has joined the Northeast Public Health Collaborative to optimize the use of shared resources to enhance productivity and foster innovation by pooling resources and expertise. This allows for organizations to achieve better outcomes and respond effectively to public health threats. This was developed similar to the West Coast Collaborative. The Office of Science within the New York State Department of Health is currently advising and supporting the Commissioner of Health in engaging the Northeast Public Health Collaborative.
- **Data and Dashboards:** The New York State Department of Health's Office of Science has developed and recently released the [2025-2030 Prevention Agenda Dashboard application](#). The Office of Science has also launched a science hub website, which provides information about the [Office of Science](#) its mission, links to [data dashboards and reports](#), houses recent [scientific reports](#) on select topics, and presents information on a range of [important public health science and epidemiological concepts](#).
- **Rural Health Transformation Grant:** Through the New York State Department of Health's Office of Health Care Delivery, the Rural Health Transformation Grant has been awarded to Department of Health in the amount of \$212 million dollars. The [website](#) includes an informational webinar and highlights key initiatives with project narratives.
- **Congenital Syphilis Elimination Event Series:** The Congenital Syphilis Elimination Strategic Planning Group Steering Committee is hosting a two-day virtual event March 25th and 26th from 10:00 am -11:30 am focused on continuing efforts to engage collaborators more formally in implementing recommendations from the Congenital Syphilis Elimination Framework and providing an opportunity for peer-to-peer learning. Folks can attend either or both sessions. For those interested, registration is available:
 - o March 25th [Congenital Syphilis Elimination Discussion Forum Follow-Up](#)
 - o March 26th [Congenital Syphilis Elimination Peer Presentation Showcase](#)
- **AIDS Institute:** The Bureau of HIV/STD Field Services (BHSFS) within the AIDS Institute has received approval to operate as a second-tier syringe exchange and has begun piloting syringe distribution in Central, Western, and Capital District New York. The AIDS Institute will also be publishing the *New York State HIV/AIDS Syndemic Surveillance Report* on the Department of Health website, the report is in the final stages of approval.

Question: Dr. Mario Ortiz: Is California a member of its own collaborative?

Answer: Tina Kim: Yes, and there is close coordination with the west coast and east coast collaboratives. Moving forward, states plan to keep similar collaborative infrastructures in place to ensure consistency regardless of changes in federal administrations.

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	Question: Dr. Freddy Molano: Asked Tina to confirm if we are still following prior established guidelines regarding the immunization calendar as there is different guidance coming from different organizations. Answer: Tina Kim: Yes, those who have the means and resources are to continue to follow prior established guidelines. The Division of Vaccine Excellence has been working to make sure these guidelines are clear and being followed. A letter has been distributed to community partners from New York State Department of Health stating the same. Question: Guillermo Chacón: Asked for the New York State Prevention Agenda to be shared so the Health Equity Council members can review it at the next Health Equity Council meeting. Answer: Tina Kim: Advised yes, we and share materials related to the Prevention Agenda. Question: Dr. Mario Ortiz: Can we invite the Director of the Office of Local Health Services within the New York State Department of Health to the next meeting to go through the Prevention Agenda with us? Answer: Tina Kim: Yes
New York State Department of Health Sick Cell Disease Program Updates	New York State Department of Health, Office of Health Services Quality and Analytics, Bureau of Quality Measurement and Evaluation – Paloma Luisi, Bureau Director • Core Purpose and Objective: Paloma’s team is compiling and analyzing data with two goals - • to help the New York State Department of Health and the Health Equity Council determine who has sickle cell disease in New York, which has not been done before with this level of precision, and • to have a better understanding of sickle cell disease care in New York State based on insurance claims data. • She advised that she could present this information to the Health Equity Council at a future meeting. • Primary Rules and Procedures Outlined: Several efforts are ongoing, including a research project to analyze insurance claims in the All-Payer Database and looking at the impact of Medicaid Health Homes on participants with sickle cell disease. Her team is also publishing a disparities dataset soon, which will identify disparities faced by New Yorkers by region, race, use of cash assistance, substance use, and other categories. Question: Dr. Mario Ortiz: Asked Tina where data from Health Equity Impact Assessments can be located, it may be of interest for the Health Equity Council members to know what these look like over time. Answer: Tina Kim: The Office of Health Equity and Human Rights has this information – this information is required to be published online, and the Office of Health Equity and Human Rights is looking into other opportunities to increase transparency in this process as well.

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	Question: Dr. Mario Ortiz: Asked if the Health Equity Council can explore correlations between Health Equity Impact Assessment data with sickle cell disease outcomes. Answer: Paloma Luisi: Advised she can look into this. New York State Department of Health, Division of Family Health, Bureau of Child Health – Taylor Mead-Patterson - Program Purpose and Objective: The Sickle Cell Disease Adolescent Transition Services Program seeks to improve health outcomes for adolescents and young adults, ages 12-21, with sickle cell disease, as they transition from pediatric to adult health care and strive to achieve self-care. - Webpage: In the first week of February 2026, the Sickle Cell Disease Adolescent Transition Services webpage was launched. - Quarterly Contractor Calls: A regular meeting held on February 3rd, 2026, to discuss Medicaid Health Homes with providers. New York State Department of Health, Wadsworth Center, Newborn Screening Program – Stephanie Gagnon - Program Purpose and Objectives: In 2025, the Newborn Screening Program commemorated the 50th anniversary of sickle cell disease screening in New York. A “Call for Art” was made to the sickle cell community, and the Newborn Screening Programs is exploring options to publish submissions.
Presentation: Artificial Intelligence	Decoding Bias: Artificial Intelligence to Reduce Stigmatizing Language in Clinical Documentation, Dr. Maxim Topaz, Ph.D., RN, FAAN, FACMI, FIAHSO, Elizabeth Standish Gill Associate Professor of Nursing at Columbia University School of Nursing and a Senior Research Scientist at VNS Health - Dr. Topaz advised there are significant differences in the amount of biased language used in medical record documentation for people of color, people with disabilities, and people with higher body weights. Judgmental language records are correlated with reduced visits, biasing other practitioners resulting in impacts to future visits, and can be seen by patients. He is working to create a model by training artificial intelligence to act as a “second set of eyes” in helping to identify stigmatizing language. This model identifies stigmatizing language with 8/10 accuracy and is continuing to be trained on more nuanced forms of bias. This model offers suggestions for practitioners on less judgmental language to reduce bias in real time. - Many other forms of artificial intelligence today, however, bypass the processes that are followed to implement most other changes in clinical settings. Dr. Topaz posed the following questions about navigating the implementation of artificial intelligence in an era of rapid change:

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- o The training data sources, accuracy rates across demographics, and bias patterns of proprietary algorithms remain unknown to hospitals deploying them. Whose voices trained these systems? How do we ensure they work equitably across race, language, disability, and insurance status?
- o Health systems can “turn on” artificial intelligence programs without Institutional Review Board (IRB) approval, equity testing, pilot studies, etc. Because artificial intelligence bypasses the traditional review process, how do we govern innovation when implementation moves faster than oversight?
- o Massive investments – projected to reach \$187 billion by 2030 – have supported artificial intelligence infrastructure, but currently only 3.6% of artificial intelligence medical devices reported race/ethnicity data, less than 2% linked to peer-reviewed studies, and 81.6% did not report age. After the money is spent and these systems are embedded, how do we retrofit equity into algorithms that are already making life and death decisions for millions of patients?

Question: Dr. Mario Ortiz: What role does the Health Equity Council have in terms of making recommendations to the Commissioner? Is there a way to make language neutral?

Answer: Dr. Maxim Topaz: Artificial intelligence can help identify stigmatizing language and can be updated as language changes. Anytime artificial intelligence is implemented, however it needs to be monitored and verified by a real person.

Comment: Tina Kim: There is a lot being done with artificial intelligence within the New York State Department of Health (governance work internally and externally). Health equity needs to be considered when developing artificial intelligence, and there is still a need to continue addressing implicit bias in healthcare practitioners. She emphasized that the human element is very important.

Question: Guillermo Chacón: Stated that the Health Equity Council should recommend to the New York State Department of Health Commissioner that this presentation should be done within all the different branches of state government. This presentation highlighted the ways in which artificial intelligence can be helpful and harmful. He asked if Dr. Topaz has presented this research to the New York State Medical Association or the state Senate or Assembly Health Committees.

Answer: Dr. Maxim Topaz: No, he has not presented to those groups but he is open to presenting. This is a topic we need to talk about. This is the future, and we need to educate as many people as we can. Recent progress has been great, but there is still a lot to be done.

Comment: Dr. Mario Ortiz: Advised members of the meeting can put Dr. Topaz in touch with relevant parties in the state and in New York City.

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Question: Dr. Earlando Thomas: Why do you think the implementation is so rapid, without considering data from researchers and academics? What are the barriers?

Answer: Dr. Maxim Topaz: He advised that he has the same questions. For example, he has an artificial intelligence system that will help nurses prioritize in home care patients that takes into account equity concerns, which took 12 years to think to create and test. There is now rapid implementation, and these systems are improving daily, but there are still failures due to blind spots. Oversight is largely absent but needed to fix this disconnect.

Question: Dr. Mario Ortiz: Asked what the data oversight would look like.

Answer: Dr. Maxim Topaz: We do not want to stifle the innovation. 40 million people per day are already asking ChatGPT about their health, bypassing the regulations of regular clinical practice. Technology vendors should be required to test to ensure this technology is doing the right thing before putting it into practice. There should be a constant feedback loop as algorithms change every day.

Question: Dr. Mario Ortiz: How can artificial intelligence help with upcoming sickle cell community listening sessions? In addition to in-person sessions, could this be used if we load the correct questions into it?

Answer: Dr. Maxim Topaz: Advised that he has helped to build an artificial intelligence interviewer, which conducts interviews in a Health Insurance Portability and Accountability Act (HIPPA) protected manner. It can ask clarifying questions; it does not go off topic. A few different companies offer this service, but this can also be built in house. Some people prefer this to talking to a human because they do not feel judged,

Question: Dr. Earlando Thomas: Advised he remains concerned – what recommendations can the Health Equity Council make to put pressure on the purchaser to ensure that the algorithms and data that they collect include equity considerations?

No answer resulted from this question, but this will be a point of discussion during the deliberations and development of recommendations on the topic.

Question: Dr. Mario Ortiz: Could the New York State Department of Health work with a vendor to build their own artificial intelligence?

Answer: Dr. Maxim Topaz: Yes – there have been major advances in the last few months, the current technology will allow you to do things quickly at the New York State Department of Health level.

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	Question: LaRay Brown: Could there be a conversation with EPIC about Dr. Topaz's work? Answer: Dr. Mario Ortiz: Yes, conversations could be had in those environments as well.
Presentation: Women's Health	Maternal Health Equity, Dr. Kamila Barnes, DNP, FNP-C, RN, FADLN, FNYAM, Barnes Health Affiliates, LLC • Despite significant progress in decreasing maternal mortality worldwide, disparities persist among underserved populations. The top causes of maternal mortality are largely preventable, and though there were still disparities, it was safer to give birth in the United States between the 1970s-1990s than it is now. The Covid-19 pandemic exacerbated maternal health disparities, and there are still large disparities in New York State in underserved areas, despite a lower pregnancy rate than national average. Levels of adherence to postpartum follow-up care are lower than they should be when a significant number of maternal deaths occur. Teen mothers are less likely to engage in prenatal care. C-section births are higher risk and are still being performed at high rates. • Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism and discrimination. There is great need for nutrition support, stable housing, insurance (70+% of maternal deaths are among Medicaid and uninsured populations), and employment for parents. • Today, New York is less of a maternity care desert than other states. • Data shows that teen birth rates and maternal health outcomes are better in states that have a lower number of abortion restricting policies, like New York. Medicaid reimbursement for midwives is important to continue, and keep advocating for legislation like the Black Maternal Health Momnibus Act – many states have already adopted portions of this act at state and local levels. Work should be done at all levels of the socio-ecological model to improve health outcomes. • Dr. Barnes recommended continued research and surveillance, which is critical to understanding the changing landscape to make necessary improvements. Care coordination should also be expanded to ensure appropriate care is given with respect to comorbidities, continuity of care, communication with other relevant parties, and connection to community resources. There are opportunities to optimize screening for social determinants of health and make appropriate referrals. Social work is an essential part of optimizing chronic disease management, as it aids in transition to motherhood, provides support, and teaches self-care/disease management. There are also opportunities to optimize emergency care and mental health treatment. • Racism and discrimination must also be addressed – qualitative research helps us to understand patient experiences and identify violations of policies or codes or ethics that call for accountability. She spotlighted Hear Her as an example of a campaign created to educate pregnant women about complications that require medical attention. • Artificial intelligence is being used to help identify biomarkers to better understand preeclampsia, determine what patients are good candidates for inpatient versus outpatient care, and determine which patients need c-sections. Dr.

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	Barnes has helped to develop an artificial intelligence advisory tool (https://www.maternallink.com/) to provide maternal education, available in over 80 languages. Question: Dr. Mario Ortiz: What are your top two recommendations for our council? Answer: Dr. Kamila Barnes: 1. Translational research – there is a gap between research findings and what is happening in the community. 2. Education – there is not always a connection between the evidence and what is in practice. This can also help to identify what negligence is versus a lack of information. Question: LaRay Brown: You mentioned the importance of birthing centers – do you recommend that we look into criteria for birthing centers and making sure that there is access to these across the states? Answer: Dr. Kamila Barnes: Yes, but it goes beyond birthing centers. Primary care should be strengthened as well. To ensure these places remain financially solvent, we need to make sure there is adequate reimbursement for neonatal care, facility fees and midwifery access. Question: Dr. Earlando Thomas: How do we sustain small community-based organizations and co-collaborate? There are many small community-based organizations that have trouble connecting and working together. Can there be a hub that helps with coordination? The hope with this approach is that providing care and services would become more cost effective and sustainable. Answer: Dr. Kamila Barnes: Advised that building consortiums is helpful in breaking down silos. This is effective in her experience as this creates space for everyone to collaborate. This helps to ensure transparency, make sure that the community is aware of what is going on, and encourage utilization of available services. Question: Dr. Alberto Cardelle: Asked for an insight into conditions in the rural part of the state. Asked if there are policies that can be recommended for strengthening the workforce. Answer: Dr. Kamila Barnes: Policy, funding, and pipeline projects are places to start. Creating interest from local students, making attempts to diversify the workforce, and supporting policy to fund the workforce are critical. It is important to maintain relationships with elected officials
Health Equity Council Business:	Health Equity Council business items moved to email due to time restraints.
Closing Remarks	Dr. Mario Ortiz thanked the Health Equity Council for a great discussion.

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Public Comment and Adjournment	The meeting adjourned at 1:02pm. Motion made by LeRay and Seconded by Tandra to adjourn the meeting.
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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