

New York State Department of Health

Health Equity Council

May 01, 2026 - Meeting Minutes

Attendees	Council Members: Mario R. Ortiz, Sara Boerenko, LaRay Brown, Alberto Cardelle, John R. Pamplin II, Freddy Molano Partial Attendance: Not Applicable Council Members Absent: Raul Vazquez, Mill Etienne, Ngozi Moses, Earlando Thomas, Guillermo Chacón, Tandra LaGrone New York State Department of Health Office of Health Equity and Human Rights Staff: 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, Kristina Usack, Valerie White, David Holtgrave, Allan Clear, Elizabeth Whalen, Mark Waldenmaier, Zahra Alaali
Call to Order	The meeting began at 10:32 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 Office of Health Equity and Human Rights	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. • New York State Department of Health Agencywide Alignment: The Commissioner of Health directed the New York State Department of Health's Executive Leadership Team to focus on agency alignment in 2026. Priority topics include food and nutrition, maternal morbidity and mortality, and workforce development. The New York State Department of Health Commissioner is pursuing alignment efforts to better understand how many New Yorkers are being served, who are being impacted by Department of Health initiatives, and what are the desired outcomes or impacts. The Office of Health Equity and Human Rights identified an opportunity to align New York State Department of Health's sickle cell disease resources and related services on a dedicated webpage (URL: https://www.health.ny.gov/diseases/conditions/sickle_cell/). • New York State Department of Health Recent Publication on Medetomidine: In partnership with the New York City Department of Health and Mental Hygiene, the New York State Department of Health has published a paper in the New England Journal of Medicine on the Emergence of Medetomidine in New York's Illicit Drug Supply. Contributors include Allan Clear and Dr. David Holtgrave with the Department of Health. • Office of Public Health updates: On April 6th, 2026, the New York State Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) completed food package updates to align with the 2024 U.S. Department of Agriculture's final rule. The Office of Public Health is conducting staff training and public outreach to share the release of the dietary guidelines for Americans. The Office of Public Health is conducting staff training and public outreach to share the release of the Dietary Guidelines for Americans.

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	• New York Rural Health Transformation Program: The New York State Department of Health was awarded \$212 million for year 1 of a 5-year program. Four major initiatives will make up the Rural Health Transformation Program: - o Establishing coordinated rural health partnerships (\$76 million in year 1) - o Strengthening rural communities with technology enhances primary care (\$30 million in year 1) - o Building a sustainable rural health care workforce (\$8 million in year 1) - o Investing in technology innovation and cybersecurity enhancements (\$76 million in year 1) Recruitment for a Project Director and Project Coordinator are underway. The New York State Department of Health has created internal workgroups for each of these initiatives and is in the process of developing an external advisory group and a website where rural health transformation program updates and information is being posted. More information can be found here: Transforming Rural Healthcare in New York. • Congenital Syphilis Elimination Framework and Recent Efforts: The AIDS Institute within the New York State Department of Health hosted its annual congenital syphilis awareness event series. The two-day event highlighted the work of six external community-based organizations that are carrying out significant work towards the eliminations of congenital syphilis. The AIDS Institute has announced the launch of a partnership initiative to engage community collaborators in implementing the recommendations outlined in the New York State Congenital Syphilis Elimination Framework. • Center for Diversity, Equity, and Inclusion: In compliance with New York Executive Order 187, The Center for Diversity Equity and Inclusion within the New York State Department of Health Office of Health Equity and Human Rights is responsible for compiling information and developing the New York State Department of Health's five-year Diversity Equity and Inclusion Strategic Plan. Mandates in New York Executive Order 187 include: - o All state agencies must submit an annual diversity and inclusion report to the New York State Department of Civil Service - o All state agencies must have a diversity, equity, and inclusion 5-year plan on file - o All state agencies must have a chief diversity officer or the equivalent of one Development of the next five-year strategic plan is underway.
Updates from the New York State Department of Health Staff Related to Sickle Cell Disease	New York State Department of Health, Division of Family Health, Bureau of Child Health: Kristina Usack • Staff from the Sickle Cell Disease Adolescent Transition Services virtually attended a sickle cell panel hosted by Marist College, which included panelists from the organization The Red Cross. The Red Cross will present in May and in August to the Bureau of Child Health's contractors. The Bureau of Child Health recently partnered with the Office of Mental Health to discuss possibilities of expanding Project TEACH, assisted the Office of Health Equity and Human Right's with the creation of a public facing webpage for sickle cell resources (linked above), and connected with the Office of Health Insurance Programs to facilitate feedback about the Medicaid Health Homes program from their contractors that support individuals with sickle cell disease. in May and will also provide a presentation in August to the Bureau of Child Health's contractors. The Bureau of Child Health recently partnered with the Office of Mental Health to discuss possibilities of expanding Project TEACH, assisted the Office of Health Equity and Human Right's with the creation of a public facing

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	webpage for sickle cell resources (linked above), and connected with the Office of Health Insurance Programs to facilitate feedback about the Medicaid Health Homes program from their contractors that support individuals with sickle cell disease. New York State Department of Health, Office of Health Equity and Human Rights: Office of the Deputy Commissioner: Alice Spina, Pauline Santos The Health Equity Council's sickle cell disease focus area surveys are in final stages of review. Health Equity Council members are requested to provide distribution channels to prepare for the launch of surveys, which will collect data from individuals with sickle cell disease, family members and caregivers of individuals with sickle cell disease, health care providers, and community-based organizations that provide services to individuals with sickle cell disease and their families. Question: John Pamplin asked if Health Equity Council members should send distribution channels that have provided permission for surveys to be shared or if the ask is broader, highlighting individuals with Department of Health staff could reach out to. Answer: Alice Spina advised that Health Equity Council members may share channels that they have identified whether or not permissions are pending.
Presentation: Addressing the Opioid Epidemic in New York State	Allan Clear (Director, Office of Drug User Health, AIDS Institute, Office of Health Equity and Human Rights) and Dr. David Holtgrave, Ph.D., Special Advisor and Emerging Threats Coordinator in the Office of the Commissioner) delivered a presentation to the Health Equity Council members. “Addressing the Opioid Epidemic in New York State” delivered by Allan Clear: - The mission of the New York State Department of Health, AIDS Institute, Office of Drug User Health is to improve the quality of life for all New Yorkers who use drugs through the promotion of harm reduction practices, and by providing accessible health care and supportive services. In pursuit of this mission, the Office of Drug User Health promotes non-judgmental, anti-racist, gender affirming evidence-based practices to challenge and overcome systemic barriers to non-judgmental, person-centered, compassionate care. - Allan Clear described AIDS Institute’s transition toward harm reduction approaches to address the opioid epidemic. Change at the system level became possible and continues because people who use drugs help to inform and participate in, arm reduction initiatives. Allan highlighted the Syringe Exchange Program (SEP) starting in 1992, which was a foundational program for future efforts, and successfully helped to reduce the transmission of HIV in New York City, which was an epicenter for AIDS transmission at the time. Later initiatives include the Opioid Overdose Prevention Program (establishing naloxone access points), the Naloxone Co-Payment Assistance Program, drug checking, and a

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focus on priority populations and high burden localities. More information can be found here: [New York's Public Health Initiative on Drug Use](#).

- It is critical to continue engaging people who use drugs to ensure that public health initiatives are responsive to the community's needs and that marginalized members of our society have access to care.

“Substance Use Epidemiology & Health Equity; New York – Spring 2026” delivered by Dr. David Holtgrave:

Dr. Holtgrave described what the New York State Department of Health learns from drug checking programs and what in turn does the data inform health equity efforts when it comes to substance use in New York State:

- Dr. David Holtgrave provided a background of the New York State Department of Health's Drug Checking Service, which offers people who use drugs timely and detailed information of the contents of their drugs, provides up-to-date information on the drug supply to harm reduction workers and clinicians, and compiles data to inform advocacy, research, and policy. The dashboard on the illicit drug supply in New York State can be found here: [Drug Checking Data](#).
 - o Data shows that some drugs, like cocaine, tend to test positive for the intended substance more often than drugs like fentanyl, which frequently contains other major substances and adulterants
 - o The dashboard also monitors and posts emerging substance trends. For example, the other substances that are present in opioid samples show patterns over time.
- Dr. Holtgrave refreshed the recently published study Emergence of Medetomidine in New York's Illicit Drug Supply (linked above in Updates from the Office of Health Equity and Human Rights; additional medetomidine resources can be found here: [Office of Drug User Health Provider Resources](#)). He described [Drug Analyses for Response, Interventions and Outcomes \(DARIO\)](#), which is a mobile, mail-based drug checking program that has been created for individuals that do not visit harm reduction services, and the [New York State Unintentional Drug Overdose Reporting System \(SUDORS\)](#), which collects comprehensive information including the circumstances surrounding an overdose death to inform public health action.
 - o Most overdose deaths occur among working-age and older men. When broken down by race and ethnicity, the data shows that 55% of Black, non-Hispanic people who died of an overdose were 55 years old or older. Black, non-Hispanic communities experienced the highest overdose mortality rates in 2024, though this group, and the other top three largest race and ethnicity groups experienced drops in mortality rates by over 30% since 2023. 2023 data also show high disparities in drug overdose deaths among American Indian and Alaskan Native communities.
 - o 74% of person who died had substance use history (11% had been treated for substance use in the past), 23% had mental health issues (7% had been treated for mental health in the past), 47% have heart disease, 56% of persons had at least one co-occurring issue that presented an opportunity for intervention.

Comment: Sara Boerenko stated that in her county, they are finding that the rate of benzodiazepines and alcohol and fatal overdoses is on the rise.

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	Answer: Allan Clear stated that our system needs to focus more on polysubstance use, there are also issues with substances that are not illicit, and the nature of each substance has historically resulted in siloed responses. Question: John Pamplin advised that Good Samaritan Laws in New York State do not protect reporters against arrest. Data around these laws are mixed, but the laws that seem to be effective are the ones that provide protection against arrest for individuals on the scene. He asked if there is any movement on this in our state. Answer: Allan Clear advised this is on their agenda, but there has not been progress on Good Samaritan Laws recently. Allan will raise this question to see if something can be done about this. Question: Dr. David Holtgrave asked John Pamplin to share any information or analysis so that they have information to present to government affairs in support of this request. Answer: John Pamplin advised yes, he has many sources including a paper Titled: Pathways to racial disparities in the effects of Good Samaritan Laws: A mixed methods pilot study Pathways to racial disparities in the effects of Good Samaritan Laws that he co-authored on this topic. Question: LaRay Brown asked how this will intersect with the work or planning around Rural Health Transformation grants, particularly in the inclusion of various stakeholders in rural communities. Answer: Tina Kim advised that the Department of Health has created internal workgroups to establish where to prioritize these funds, efforts are ongoing. She will ensure that Allan Clear and Dr. Holtgrave are involved.
Presentation: “2025-2030 Prevention Agenda”	Dr. Elizabeth Whalen, MD, MPH, DipALB (Medical Director, Office of Public Health) and Mark Waldenmaier (Director, Office of Local Health Services, Division of Public Health Infrastructure) delivered a presentation to the Health Equity Council members. • Dr. Liza Whalen provided an overview of the 2025-2030 Prevention Agenda: New York’s State Health Improvement Plan (SHIP), which serves as a roadmap for both state and local action to improve the health and wellbeing of New Yorkers and reduce health disparities. This six-year plan is structured around five domains focused on social determinants of health (in alignment with Health People 2030), and includes 24 statewide priorities, 84 measurable objectives, 84 indicators to track progress and a list of evidence-informed interventions. The Prevention Agenda was informed by the New York State Health Assessment which is a comprehensive review measuring public health information of New Yorkers. Partners are then engaged to prioritize issues, create action plans, and implement the Prevention Agenda. • Mark Waldenmaier discussed the implementation of the 2025-2030 Prevention Agenda. The four main aspects for implementation are:

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	- o Community Health Improvement – Aligns local health department (LHD) and hospitals' efforts with Prevention agenda priorities through Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs), and Community Service Plans (CSPs). - o Certificate of Need (CON) Applications – Controls cost, improves quality, and ensures access to care. Certificate of Need Applications request information from non-for-profit hospitals on how proposed projects address Prevention Agenda priorities and objectives. - o Hospitals' Community Benefit Spending – Provides tax exemptions for non-profit hospitals in exchange for reinvesting funds into community benefits. - o Interagency Collaboration – Encourages actions and investments by other state and community partners, and cross sector collaboration. • State, county, and sub-county data can be found on the Prevention Agenda Dashboard.
Presentation: “Sickle Cell Disease in New York State”	Paloma Luisi (Bureau Director Bureau of Quality and Data Analytics, Office of Health Services Quality and Analytics) delivered a presentation to the Health Equity Council members. • Paloma Luisi presented data collected by Dr. Nathalie Boucher (Research Scientist, Bureau of Quality and Data Analytics) from the All-Payer Database to gain a more accurate understanding of the number of New Yorkers with sickle cell disease, and how these individuals are insured. The All-Payer Database consists of claims from New York State insurance programs, Medicare, and commercial insurance plans, but does not include claims from some federal insurance programs, “self-funded” health plans, or claims from uninsured New Yorkers. • The search of the All-Payer Database identified 11,540 unique individuals with more than 1 outpatient claim for sickle cell disease in 2023. In 2024, at least 11,416 unique individuals fit the same criteria, as did 11,045 unique individuals in 2025, although the counts for 2024 and 2025 may not be fully available for Medicare and Dual Medicaid and Medicare patients. In any given year, the number of individuals with sickle cell disease is higher than the number of individuals identified in the All-Payer Database due to current reporting requirements. • After identifying the number of unique individuals with claims for sickle cell disease reported to the All-Payer Database, Paloma Luisi’s team will begin demographic research, identify utilization patterns, and perform cost analyses for New Yorkers with sickle cell disease. There will also be opportunities to better understand how many people with sickle cell disease are enrolled in Medicaid and participate in Medicaid Health Homes, but do not participate. Question: LaRay Brown asked if uninsured individuals were included in the data that Paloma presented. Answer: Paloma Luisi advised no as the All-Payer Database can only access claims that are connected to health plans (listed above). There is, however, a high rate of insurance coverage in New York State. Question: LaRay Brown asked what can be done with respect to immigrants and individuals that are truly uninsured.

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	Answer: Paloma Luisi advised that the Office of Medicaid may know more about how people without insurance, the scope of this presentation was only to research data from insurance claims reported to the All-Payer Database. Question: Dr. Zahra Alaali asked if Paloma Luisi has considered using the Health Information Exchange (i.e. electronic medical records or data from Regional Health Information Organizations (RHIOs)). Answer: Paloma Luisi advised her team has access to the Statewide Health Information Network for New York (SHIN-NY), which is run by a different entity in her office, this is usually something they use for supplemental research to capture items that are not billed.
Closing Remarks	Dr. Mario Ortiz thanked the Health Equity Council for a great discussion.
Public Comment and Adjournment	The meeting adjourned at 12:44pm

Remaining 2026 Health Equity Council Meeting Dates

- Date: September 18, 2026 – Time: 10:30 A.M. – 1:00 P.M. – Location: Albany
- Date: December 18, 2026 – Time: 10:30 A.M. – 1:00 P.M. – Location: New York City