

MCB9 Health and Environment Committee Meeting Minutes June 7th, 2021

Meeting Attendees: Edwin Torres, Heather Jason, Padmore John, Monique Hardin-Cordero, LaQuita Henry, Jenny Garcia (late), Dr. Julius Johnson, Patricia Jordan, Dr. Alecia Bryan, Miriam Aristy-Farer, Ray McLaughlin, and Eutha.

I. **Meeting Called to Order at 6:57 pm.** There was a technology issue that caused the delayed start time.

II. **Adopt Agenda**

III. **Adopt Minutes**

IV. **Meeting Minutes: Old Business**

- COVID-19 positivity rate is less than 1% rate in NYC. The rate in zip code 10031 is currently .3%.
- City College is offering COVID-19 walk-in vaccinations from Thursday to Sunday, 9:00 am to 8:00pm.
- Uptown PPE distribution at West 145th Street and Amsterdam Avenue in front of the Health Center was very successful on Saturday, June 5th, 2021. Thank you to all participants, including Eutha, Monique, Edwin, and Padmore.
- Public Service announcements campaign to encourage COVID-19 vaccination participation rates in MCB9 was discussed.
 - Various City Agencies are targeting youth for increased vaccine efforts.
- Gun violence in the community is an ongoing and growing concern.
 - MCB9 needs to advocate for more resources that include summer activities that engage our youth to cure violence.
 - Mayor Bill de Blasio recently announced **NeON** Summer. This new initiative will enroll 2,700 **youth** in six weeks of online instruction that will help build skills, focus career goals and express creativity. Participating New Yorkers will receive a **stipend** and could earn up to \$1,200. Applications are due by June 15th, 2021.
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V. **New Business**

- Guest Speaker: Greater NYC Black Nurses Association Chapter presentation by Dr. Julius Johnson, President "Black Maternal Mortality" (Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths, CDC)
 - The NYC Black Nurses Association Chapter is the second or third largest chapter in the country.
 - Dr. Julius is a dad to a three-year-old girl, a football coach, runs a nurse practitioner primary care business, an opioid prevention program, and NYS Medical Marijuana Certification.

- Dr. Julius communicated increased awareness of the perils of Black Maternal health during childbirth. A Black female is 3 to 4 times more likely to die during and after delivery than White women.
- Black women who are well educated and earn six-figure salaries are more likely to die during childbirth than uneducated White women.
- There is a misconception that Black people generally have a higher tolerance for pain due to skin color and therefore are not appropriately treated for pain management.
- The speaker spoke of personal experiences with Black women with significant skill levels who have passed away in childbirth. Celebrities such as Serena Williams and Tatyana Ali experience childbirth traumatizing experiences and discrimination in care.
- All things being equal, this **birthing crisis** is a function of race. Husbands are left to speak because their wives have passed away.
- There is an increased need for neonatologists, midwives, and doulas.
- Black maternal health conferences and ways to empower nurses to advocate for patients throughout the birthing process are required.
- The creation of a certification process database for providers who are sensitive to the needs of Black Women is essential.

An Engaging Discussion with the following Opinions followed the presentation:

- Women Child Birthing Centers are closing in our community. The lives of Black women are not valued, and there appears to be a lack of concern for their wellbeing. We must demand better care for patients.
- These closures by health care institutions such as Mt. Sinai are profit-driven in exchange for more lucrative practices such as cardiac facilities.
- Immigrants also face discrimination in care. Again, color was emphasized as a mitigating factor.
- One committee member believes that "diet is affecting everything in life and crosses color lines. Moreover, medical challenges occur due to diet disparities."
 - "Nutrition education while pregnant and breastfeeding may lead to more positive outcomes to create healthy human beings regardless of race."
- Again, it was emphasized that Black and Brown women will feel the birthing disparities regardless of socio and economic status.
- One committee member individual could not understand when Black Women's Childbirth mortality rates became a major topic of interest on the committee. It was explained that this topic was discussed in a prior month's meeting.
 - It was further explained that Black female childbirth mortality rates are being examined on the City, State, and Federal levels. There is even a Black Maternal Momnibus Act of 2021 in Congress which is "intended to help decrease maternal mortality among Black mothers, who die at a rate three to four times higher than white mothers."
 - Additionally, the Black mother, child, and community are negatively impacted by multiple implications from the failure to act during a triage process. This is a community concern.
 - After income, diet, and other factors are considered, there is nothing left but race. The health disparity inequities are manmade and systemic. What we eat and where we live

- matter; however, more educated Black women still have worse outcomes than less-educated whites. Black women meet a lot of resistance and encounter hostility.
- Women over the age of 30 who have 5 times higher degrees than whites still have worse outcomes.
 - One committee member How is the data relevant to CB9? Cuomo has a task force. Outcomes for the underserved and underprivileged have worse outcomes in NYC. Across the board, Black effects are worse in NYC than even in third-world countries.
 - Many Latino people identify as black because they phenotypically look Afrocentric. Anyone who identifies or looks black has worse childbirth mortality outcomes.
 - The Immigrant experience is not the same as what African Americans experienced as descendants of slaves.
 - Infant mortality is 5 times higher in our community than in the Upper Eastside. Demand policy changes from our elected officials as it relates to Health Outcomes, infant mortality and premature death.
 - This is a community and national issue.
 - Elected Officials can help our community via legislation and advocacy
 - The issues are multifaceted, and the underlying cause is racism. Insurance, doctors, all levels are included. Review the community health profile.
 - We should meet with Sinai to understand our community's health and decrease infant mortality among black women. What is the data after removing the birthing center from our community? Are we doing better, same, or worse?
 - Follow up with a forum with community partners, elected officials, health care professionals, and advocates of maternal health equity. We should address prenatal, intranatal, and postnatal care.

Helpful Resources/References

www.Irthapp.com: Irth (as in Birth, but we dropped the B for bias) helps Black and brown women and birthing people have a more safe and empowered pregnancy and parenting experience by allowing you to see how other parents of color, just like you, experienced care at a doctor or hospital.

[2018chp-mn9.pdf \(nyc.gov\)](#)

<https://www1.nyc.gov/site/doh/covid/covid-19-data.page>

<https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

<https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/

The morbidity and mortality disparities that Black mothers face are not the results of isolated incidents. Our Nation must root out systemic racism everywhere it exists, including by addressing unequal social determinants of health that often contribute to racial disparities such as adequate nutrition and housing, toxin-free environments, high-paying job sectors that provide paid leave, and workplaces free of harassment and discrimination.

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/04/13/a-proclamation-on-black-maternal-health-week-2021/>

Non-Hispanic black (black) and non-Hispanic American Indian/Alaska Native (AI/AN) women experienced higher PRMRs (40.8 and 29.7, respectively) than all other racial/ethnic populations (white PRMR was 12.7, Asian/ Pacific Islander PRMR was 13.5 and Hispanic PRMR was 11.5). This was 3.2 and 2.3 times higher than the PRMR for white women – and the gap widened among older age groups.

<https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

For women over the age of 30, PRMR for black and AI/AN women was four to five times higher than it was for white women.

The PRMR for black women with at least a college degree was 5.2 times that of their white counterparts.

<https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes

https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/maternal_mortality_report.pdf

<https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>

Infant Mortality Rate by Mother's Race/Ethnicity

<https://data.cityofnewyork.us/Health/Infant-Mortality/fcau-jc6k>

https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/maternal_mortality_report.pdfOne member expressed caution for meeting over the summer break.

<https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015chp-mn9.pdf>

Infant mortality and premature death

Despite a decrease in infant mortality across the city, the rate in **Morningside Heights and Hamilton Heights** is still almost five times higher than the rate in the Upper East Side.

Disparities in premature death (death before the age of 65) also persist among neighborhoods. The rate of premature death in **Morningside Heights and Hamilton Heights** is more than twice the rate in the Financial District.





Maternal and Child Health

Pregnancy outcomes

In **Morningside Heights and Hamilton Heights**, the rate of expectant mothers receiving late or no prenatal care is higher than the citywide rate. One in 12 births to **Morningside Heights and Hamilton Heights** residents is preterm (three or more weeks before the due date), lower than the citywide rate.

Access to quality health care is critical to a mother's health before, during and after pregnancy, and to the health of our littlest New Yorkers.

LATE OR NO PRENATAL CARE

(percent of live births)



Source: NYC DOHMH, Bureau of Vital Statistics, 2015

PRETERM BIRTHS

(percent of live births)



Preterm birth is a key driver of **infant death**.

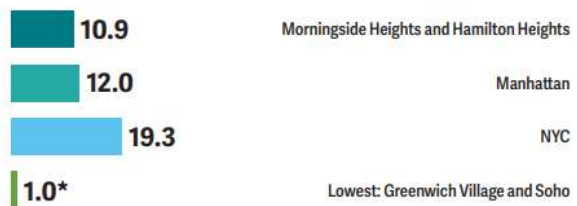
Source: NYC DOHMH, Bureau of Vital Statistics, 2015

Teen pregnancy

Teen pregnancy has declined across NYC; **Morningside Heights and Hamilton Heights'** teen birth rate is 10.9 per 1,000 teen girls.

TEEN BIRTHS

(per 1,000 females ages 15 to 19)



*Interpret estimate with caution due to small number of events.
Source: NYC DOHMH, Bureau of Vital Statistics, 2013-2015

Issues for this Committee to Consider

- Status of the Methadone clinic on West 145th Street next door to the Public Library and near the Boys and Girls Club of Harlem (Methadone Maintenance Clinic Committee)
- Greater Harlem Coalition
- Maternal Health
- Air quality, Lead Pipes, Clean Water issues,

Announcement

Victory Beyond Sims. Wednesday, June 16th, between 6 pm to 8 pm. www.Nyam.org Harriet Washington and Vinnie Bagwell

MCB9 Health and Environment Committee meeting adjourned at approximately 9:15 pm.