

**NYS Department of Health
Public Health and Health Planning Council (PHHPC)
Deputy Commissioner Executive Report
September 7, 2023**

I. OFFICE OF AGING & LONG TERM CARE (OALTC)

Hospice – Regulation update

New York State has the lowest utilization of hospice services in all states, territories and the District of Columbia. In addition, the length of stay for those who do elect hospice often do so late in the course of illness. As such, OALTC is actively pursuing options to increase awareness and expand the use of hospice care in appropriate settings.

Based on a review of the current hospice need regulations and discussions with the various stakeholders it is evident that the current method of determining need is outdated. Current need methodology is based on a complicated formula that considers, among other factors, terminal cancer rates in various geographical regions across the State, leading to few applicants who can qualify for an Article 40 hospice licenses.

OALTC has recently drafted new regulations and will present a regulation package to PHHPC for information and discussion, with the goal of implementing a fair and efficient new hospice public need methodology. This reform is only the first step in advancing effective ways to increase hospice utilization in New York State.

In the coming months OALTC will partner with PHHPC and various stakeholders on ways we can educate New Yorkers, including the medical professions, on the benefits of hospice and palliative care in New York State.

Certified Home Health Agencies (CHHAs) Update

OALTC is actively addressing ways to further the availability and quality of home health care services in New York State. It is imperative that those entities which are qualified and willing to provide home health care services be given the opportunity to do so. CHHAs play an important role in New York’s home health care continuum. In my many discussions on long-term care issues, the need to reform the Certificate of Need (CON) licensure process for CHHA is a repeated theme, and OALTC is committed to this goal.

In the coming months, OALTC will present draft regulations to PHHPC allowing for a Request for Applications (RFA) which will permit a temporary and short-term window for CHHA applications to be accepted for consideration, with approval by PHHPC and the Department. This process is not new, however the last time PHHPC was presented with a RFA for new CHHA was in 2012.

With PHHPC’s full knowledge and consent, this new RFA will allow the Department to assess the desire within the home health care industry for new CHHA applications. New CHHA applications will be brought to PHHPC for individual application approval.

Based on the knowledge gained from the RFA applications received, the Department will work to develop a new CHHA regulatory framework that includes a workable methodology that will remain relevant and flexible in the coming years as the needs for home health care in New York changes.

Nursing Home Safe Staffing Program

A 90-minute educational webinar on the nursing home staffing standards was held with the nursing home industry on July 6th. The training provided a comprehensive overview of the nursing home minimum staffing requirements to administrators, operators, and directors of nursing. This session included the Department’s compliance review process as well as what to expect regarding notifications and follow up activities.

OALTC will be scheduling a follow up webinar to review questions we have subsequently received and will provide additional guidance once the initial quarterly compliance assessments are complete which we anticipate will be later this month.

In addition, we are finalizing the processes necessary to effectuate review of the 70/40/5 spend requirements. Education and training similar to what was provided for the minimum staffing requirements a webinar and FAQ document will be developed. We anticipate a late September roll out for this component of the program which requires annual assessments of compliance.

NYS Master Plan for Aging

OALTC, in partnership with the State Office for the Aging, continues to make progress on development of the Master Plan for Aging—a multi-sectoral initiative called for by Governor Hochul to ensure that all New Yorkers, regardless of age, income, or ability, can age with dignity and independence.

Specific recent milestones have included the convening of over 350 experts in the fields of aging, medicine, transportation, technology, housing, organized labor, home care, State and local government; holding over 300 meetings with these experts to help craft detailed and implementable as policy recommendations; and holding 5 public forums to engage directly with members of the public on issues facing them, which will be considered as the Master Plan’s recommendations are developed over the coming months.

The most significant recent milestone has been the delivery of the first formal report of the Master Plan for Aging, known as the “Preliminary Report,” to the Governor on August 29th, which was publicly released today, September 7th, on the Master Plan for Aging website at ny.gov/mpa.

II. OFFICE OF HEALTH EQUITY AND HUMAN RIGHTS (OHEHR)

AIDS Institute

Ending the Epidemic (ETE) Summit and World AIDS Day (WAD)

The Department’s 8th annual New York State Ending the Epidemic Summit and 25th Annual World AIDS Day events will be held on Tuesday, November 28, 2023 through Thursday, November 30, 2023. The events will be held in-person at the Albany Capital Center in Albany, New York. This is the first-time partners from across the state will reunite in-person in three years.

This year’s event theme is “Family Reunion: Together We Adapt and Thrive”. The events will highlight the transformative efforts to help people living with, or impacted by, HIV, STIs, and HCV, adapt and thrive. The call for abstracts closed in July. The AIDS Institute has received over 100 completed abstract submissions for workshops and posters – more than any previous year. A registration announcement will be distributed statewide in September.

Opioid Settlement Funding: Procurements Issued by NYSDOH Office of Drug User Health (ODUH)

The Department is working diligently with the NYS Office of Addiction Services and Supports, NYS Office of Mental Health, and other State agencies to make available funding opportunities from New York State's Opioid Settlement Fund. The Office of Drug User Health (ODUH) within the AIDS Institute has issued three (3) Requests for Applications (RFAs) to develop programs aimed at treating opioid use disorder safely and effectively statewide:

- The first RFA is *Development of a Comprehensive Coroner Training Program in New York State* to develop a formal, standardized training program for coroners located in NYS. The goal is to partner with eligible applicants across the state to help develop the curriculum based on national standards and best practices, and then subsequently deliver the training.
- The second RFA is *Addressing Drug Overdose in NYS: A Harm Reduction and Health Equity Solution* to implement interventions in community settings (outside of New York City) to prevent and respond to drug overdoses while utilizing harm reduction principles and practices and advancing health equity.
- The third RFA is *Expanding Harm Reduction Services for Priority Populations Who Use Drugs* to provide harm reduction interventions in community settings in NYS. This funding is directed toward People Who Use Drugs (PWUD) within priority populations that are especially vulnerable to overdose and who have been historically marginalized and stigmatized by systems of care. Advancing health equity is also an expected outcome of this RFA.

Altogether, the DOH has made over \$28 million in Opioid Settlement Funding available to help develop programs across the state for opioid use disorder.

Native American Community Services (NACS) Grant Award

Native American Community Services (NACS) was awarded \$300,000 in New York State (NYS) funds in response to the AIDS Institute's Health Promotion and Education for Indigenous Communities Request for Applications (RFA). This RFA seeks to reduce barriers to prevention and health care access for Indigenous individuals and communities by focusing on strengthening capacity and improving systems through partnership building and culturally responsive practices. It also seeks to respond to recommendations highlighted in the Department's Ending The Epidemic (ETE) Advisory Group Blueprint Implementation Strategies report.

MPOX Update

The AIDS Institute within the Department continues to work with 14 community-based providers on mpox education, outreach, and linkage to vaccination services. In collaboration with the Department's Public Affairs Group, the second phase of the mpox social media campaign was launched at the end of July. This phase of the campaign engages statewide social media influencers with large followings on Instagram and Facebook to develop messaging about the importance of getting two doses of the mpox vaccine.

Eighth HIV Self-Test Giveaway (HSTG) Campaign

The Division of HIV/STD/HCV Prevention within the AIDS Institute launched its eighth HIV Self-Test Giveaway (HSTG) campaign on June 26th to coincide with National HIV Testing Day. The HSTG is promoted through creative digital advertising on social media networks such as Facebook, Twitter, and online dating apps. If eligible, participants receive an electronic code to redeem for a free HIV self-test kit from OraSure. The six-week campaign resulted in over 400 participants receiving an HIV-self test kit.

Elimination of Perinatal HIV Transmission

New York State continues to meet the U.S. Centers for Disease Control and Prevention (CDC) annual criteria for the elimination of perinatal HIV transmission. The CDC defines elimination of perinatal HIV transmission according to two annual criteria:

- Transmission rate of less than one percent of HIV-exposed infants; and
- Incidence of less than one case of vertical transmission per 100,000 live births.

In 2022, there were zero transmissions in NYS. NYS has met the CDC's elimination goal eight consecutive years (2015-2022). When looking at geographic distribution, New York City (NYC) continues to have the largest proportion of infants born with perinatal HIV exposure. Outside of NYC, Nassau, Monroe, Albany, Erie, and Westchester counties have the highest number of infants exposed to perinatal HIV.

Office of Diversity, Equity and Inclusion Updates

The mission of the Office of Diversity, Equity and Inclusion (ODEI) in the Office of Health Equity and Human Rights is to be a trusted source for promoting anti-racism, equity, and just practices for the Department through the collaboration of public policy, organizational strategy, workforce training and supportive services, and community planning.

The Office of Diversity, Equity and Inclusion is in process of expanding its workforce to a team of 40 that consists of 5 units and centers:

- Operations and Special Projects Unit (OSPU) to support the ODEI through the project management of all operational and special project activities.
- Center of Policy and Organizational Strategy (CPOS) to utilize collaborative and collective impact approaches toward the implementation of public health, community health and organizational policies to support the Department.
- Center of Planning and Community Affairs (CPCA) to increase health equity opportunities and impact for NYS residents and communities through collective engagement, health promotion, resource innovation, and collaboration.
- Center of Workforce Training and Supportive Services (CWTSS) to be a collaborator and partner with internal Department areas on collective efforts toward enhancing the DOH workforce through development and supportive service opportunities.
- Program Administration Unit (PAdU) to support the ODEI through the management of all fiscal, contractual, and program administration activities.

The ODEI has several accomplishments:

- The Director of the ODEI serves as the designated liaison for the Executive Chamber's Boards and Councils pilot program to increase diversity and inclusion of membership across boards, commissions, and councils of select State agencies.
- The ODEI has collaborated with other offices within the Department:
- The Office of Aging and Long-term Care (OALTC) on DEI efforts specific to their committees
 - The Office of Public Health on workforce development efforts
 - The ODEI's Center of Workforce Training and Supportive Services (CWTSS) has distributed a CDC COVID-19 Health Disparities Grant: Mobile Health Vehicle RFA to support communities with the implementation of clinical and nonclinical services.

- The CWTSS is finalizing a health equity survey for all DOH employees to assess staff's knowledge and awareness of health equity and its impact on public health and other health practices

Office of Gun Violence Prevention

The Office of Gun Violence Prevention is in process of expanding its workforce. In July, OGVP welcomed a NYS Department of Criminal Justice Service Empire Fellow, who will be working with OGVP part-time. This month, OGVP welcomed a Health Program Coordinator through the New York State Public Health Corps Fellowship Program.

Health Equity Impact Assessment Unit

The law for the Health Equity Impact Assessment (HEIA) requirement related to the Certificate of Need (CON) application process went into effect June 22nd, 2023, and the NYSE-CON application system is accepting HEIA program documents within the Certificate of Need application. The HEIA Unit within the Office of Health Equity and Human Rights continues to provide technical assistance and respond to questions from stakeholders regarding program implementation. The HEIA Unit launched educational webinars to assist facilities and stakeholders across New York State with the HEIA statute. The first educational webinar for the public was conducted on August 28th, 2023, with the second educational webinar scheduled for September 14th, 2023. Staff continue to be hired for the HEIA Unit.

The Department is closely monitoring the proposed closure of the Burdett Birth Center at Samaritan Hospital. To date, the required Closure Plan has not yet been submitted to the Department. St. Peter's Health Partners has agreed to conduct a Health Equity Impact Assessment (HEIA). The Department has received reports that St. Peter's Health Partners has contracted with Chartis Group's Center for Health Equity and Belonging for the voluntary HEIA of the proposed Burdett Birth Center closure.

Office of Minority Health and Health Disparities Prevention

Long COVID Initiatives

Funding from the Office of Minority Health and Health Disparities Prevention (OMH-HDP) is earmarked to serve the most vulnerable communities across New York State. OMH-HDP initiatives are charged with bringing culturally competent, uniquely crafted health and wellness programs to legislatively identified minority areas as defined by Public Health Law § 240 (40% or more non-white communities). The following are brief updates on local health departments' intended use of long COVID funding:

- Westchester County Health Department plans to use the funds to organize and implement a Long COVID study in the minority areas to inform providers about what to look for in individuals experiencing long COVID symptoms.
- Jefferson Co. Public Health Service will focus on the effects of COVID-19 (impacts and vaccine hesitancy) in the town of LeRay. The funds will be used to develop a survey methodology, survey, and reporting back to the communities. This will help the town address issues found.
- Orange County is finalizing their plans to conduct a small research study on the prevalence of Long COVID and experiences of minority population with Long COVID in specific cities in the county. The intended outcome of this study is to determine if

there are health disparities among racial minorities living in Orange County with self-reported Long COVID symptoms. The secondary outcome is to describe lived experiences of Long COVID residents in the minority-identified areas. This will be accomplished using a mixed methods analysis involving a quantitative survey and key-informant interviews.

Racial and Health Equity Data Collection Toolkit

The purpose of the toolkit and accompanying guide is to explain the value of race and ethnicity data in improving health outcomes and reducing health disparities and to inform healthcare organizations on how to effectively collect race and ethnicity data. This toolkit is an expansion of prior OMH-HDP efforts. OMH-HDP developed the Improving Race and Ethnicity Data Collection Toolkit to train Department staff about the importance of collecting race and ethnicity data, facilitate a discussion about barriers to collecting this type of data, and provide methods to better collect the data. This Toolkit was adapted from a presentation that was created for the federal OMH under the State Partnership Program to train health insurance navigators in the city of Newburgh, NY to collect better race and ethnicity data. The Toolkit will be adapted for purposes of the Health Disparities CDC Grant OT21 2103 National Initiative to Address COVID 19 Health Disparities Among Populations at High Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. Additional information will be provided as the toolkit nears completion and necessary department approvals are obtained.

III. OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT (OPCHSM)

Bureau of Emergency Medical Services

On Friday August 18th we received notification from Beekman Fire District that effective at MN the 23rd they would “...no longer be available to respond to Green Haven Correctional Facility for medical related emergencies.” The letter indicated “this service is no longer viable for several reasons, and a resolution is not available.” On August 28th we were notified by Beacon Fire District that they would not respond to 911 calls in Beekman Fire District. (Beacon is adjacent to Beekman) This information was communicated directly in a letter to the NYS Department of Corrections and Community Supervision.

Emergency Preparedness

The healthcare industry continues to be one of the top two targeted for cyber security crimes. However, there are no existing regulations to set a baseline standard for cybersecurity preparedness at regulated hospitals. The Department is currently soliciting feedback and working on promulgating regulations to ensure all facilities keep patient data as safe and protected as possible. The Department has conducted several rounds of listening and feedback sessions to understand cybersecurity programs at a variety of facilities from across the State and is working to integrate this feedback into the regulations currently being drafted. The desire is to ensure these regulations allow facilities to comply while still being flexible as the industry and standards change. The current timeline is working towards introducing these draft regulations to the Council during the Nov. 2nd meeting.

EP Drill

The NYS Dept. of Health, in collaboration with NYC Emergency Management, conducted a drill to activate and operate our Healthcare Evacuation Center (HEC) in response to a coastal storm. This year's drill exceeded expectations and objectives, with HEC staff successfully completing over 95% of simulated transfers to other facilities. The drill demonstrates the ongoing and successful commitment of local and State partners to keep all New Yorkers safe during times of dangerous weather.

Bureau of Narcotic Enforcement

DEA and Telemedicine

- On February 24, 2023, the Drug Enforcement Administration (DEA) proposed permanent rules for the prescribing of controlled substance medications via telemedicine beyond the scheduled end of the COVID-19 public health emergency on May 11th.
- May 9th, the DEA issued a temporary rule to extend current flexibilities regarding telemedicine prescribing until November 11th, 2023.
- On August 7th, The DEA announced that they are conducting public listening sessions to be held on September 12th and 13th to receive additional input concerning the practice of telemedicine with regards to controlled substances and potential safeguards that could effectively prevent and detect diversion of controlled substances prescribed via telemedicine.
- A joint proposal for NYS to do a presentation during the listening sessions was submitted to the DEA from the Bureau of Narcotic Enforcement, the Office of Drug User Health, the Office of Addiction Services and Supports, and the Office of Mental Health. The presentation selection decision from the DEA will be forthcoming.
- In addition, NYSDOH is working to align State prescribing regulations with Federal DEA telemedicine flexibilities.

Update on Mandatory Opioid Prescriber Education

Mandatory Opioid Prescriber Education in NYS became effective in 2017. Prescribers licensed under Title Eight of the Education Law in New York to treat humans and who have a DEA registration to prescribe controlled substances must complete at least three hours of coursework in eight required topics areas every three years. The topics may be covered by a single, comprehensive presentation or by multiple individual presentations, and the coursework or training may be live, home study, or online.

The NYS Department of Health, in collaboration with the University at Buffalo, has recently updated their free online [Mandatory Opioid Prescriber Education training course](#). The previous two-part program has been released as one comprehensive new program that is hosted on the University at Buffalo Continuing Education platform and can be accessed through a link on the Bureau of Narcotic Enforcement webpage. Prescribers can fulfill the mandate by completing the new updated course or by completing accredited coursework available through prescribers' professional continuing education organizations. Additional information can be found on the Bureau of Narcotic Enforcement's [Mandatory Prescriber Education webpage](#).

Office of Professional Medical Conduct

The NYS Physician Profile website has been updated. The purpose of the website is to enable the public to review information about all licensed doctors of medicine and doctors of osteopathy who are registered to practice medicine in NYS.

Updates and new enhancements to the website include the following:

- An advanced search to make it easier to find a physician.
- A link that takes users directly to the New York State Department of Health where they can obtain a complaint form.
- Formatting improvements for better accessibility and improved reading experience.
- A login for physicians that directly connects them to the Health Commerce System where updates can be made.

The website also offers [search tips](#) to help consumers get the best results when researching a physician and a page to answer [frequently asked questions](#).

Information registered physicians are required to provide includes information about the doctor's medical education, information about translation services at the doctor's office, and information about legal actions taken against the doctor.

Center for Provider Oversight

The Catholic Health System of Buffalo new hospital in Lockport is scheduled to open mid-October 2023. In the meantime, an off-campus Emergency Dept., under the Mt. St. Mary license, opened on June 17th and continues to provide emergency care and transport for admissions. The off campus temporary ED will continue until the new Lockport facility opens in October.

Wynn Hospital

Faxton-St. Luke's Healthcare – The Wynn Hospital is on schedule to open in October 2023. The number of medical/surgical certified beds for the Wynn Hospital will be 147 beds lower than the number of beds currently certified by St. Luke's-Faxton and St. Elizabeth's. There will also be 3 less certified maternity beds, 4 less Neonatal ICU continuing care certified beds, 14 less certified pediatric beds and 6 less certified psychiatric beds.

The University of Vermont Network - Alice Hyde Medical Center

Preliminary approval has been received from CMS for AHMC to convert to a Critical Access Hospital (CAH). Conversion to a CAH will result in the decertification of 39 Medical/Surgical beds and all of the 6 Intensive Care beds. The total bed count will be reduced from 70 to 25. The Department continues to review the CON application for conversion to a CAH.

Richmond University Medical Center (RUMC) Cyberattack

As mentioned in my last report, we remain concerned about the increase in Cyber-attacks on health care facilities. The Dept. is working with hospitals and hospital associations to make recommendations on steps to protect the integrity of EHRs.

Hospital Clinical Staffing Plan template and webinar

Hospitals are required to submit a clinical staffing plan to the Department by July 1 of each year. The Department also required a template be submitted that summarized the plan for comparative analysis. The Department will conduct a training webinar for the process. An announcement on training will be forthcoming. All hospitals have submitted their clinical staffing plan for both inpatient and outpatient units.

The request for closure of the Burdette Maternity unit in Troy remains under review.

Wyoming County Community hospital has submitted plans to close inpatient obstetrical services and it remains under review.

Mt. St. Mary's in Western NY has proposed closed their obstetric unit due to difficulty in recruitment of anesthesiologists. Their closure plan remains under review.

PHHPC's Health Planning Committee

The committee has convened three workgroup meetings to address the issue of ED crowding impacting EMS. The first workgroup work group focused on Mental Health issues. The second workgroup meeting on June 8th focused on ED patients presenting with dental issues. The 3rd workgroup meeting was on August 23rd. It included presentations by our own BEMS on the roles/responsibilities of SEMAC and SEMSCO, the councils that referred this issue to PHHPC. Additional presentations described the work being done pre and post ED visit or hospital admission that is intended to reduce ED visits and admissions. Clearly there is a recognized need for this and several options have been identified. Each has met with some success and some challenges. The primary challenge involves payment for services. Data is available showing reduction in ED visits and improved outcomes but unfortunately it remains to be determined who will pay for it and how reimbursement will be organized.

IV. OFFICE OF PUBLIC HEALTH (OPH)

Center for Environmental Health Improving NYS' Drinking Water

The Center for Environmental Health (CEH) is advancing several initiatives involving legislative or regulatory changes that will better safeguard NYS's drinking water from contaminants and prevent children from being exposed to lead paint hazards in their homes. CEH is drafting regulations and guidance materials to establish a rental registry for landlords of multi-family housing units in communities of concern. Landlords will be required to certify that rental units built prior to 1980 are lead safe. LHDs will receive funding to implement the program and work with landlords and inspectors to ensure children are protected from lead-based paint in rental units. CEH is also administering important new federal funding from the Bipartisan Infrastructure Law that enhances the existing Drinking Water State Revolving Loan Fund, targets the replacement of Lead Service Lines, the removal of emerging contaminants from drinking water, and the upgrading of aging and inadequate water supply infrastructure. Federal Fiscal Year 2023 is the second of five BIL funding cycles. DOH's 2023 call for projects for upgrading infrastructure and addressing emerging contaminants closed on June 16, 2023, and the call for Lead Service Line replacement projects closed on August 25, 2023.

After Public Health Law 1112 was revised in December 2021 to require the Department to regulate additional per- and polyfluorinated compounds (PFAS), CEH hosted two meetings with the New York State Drinking Water Quality Council, which provided recommendations that guided the Department to propose revisions to Part 5 Drinking Water Regulations in fall 2022. More than 1,500 comments were submitted, and the Department is evaluating these in conjunction with the United States Environmental Protection Agency's proposed National Drinking Water regulations for several PFAS compounds that were posted to the Federal Register in March 2023.

Other revisions to Public Health Law also lowered the action level for lead in school drinking water from 15 parts per billion (ppb) to 5 ppb and increased the frequency of lead testing from every 5 years to every 3 years (effective in January 2023). The Department has been working with partners in the State Education Department to operationalize these changes and provide guidance to schools across the state. Draft regulations are ready to be posted in the NYS Register. They are not required to go before PHHPC but reflect important work ongoing in CEH.

Center for Community Health

COVID and Respiratory Syncytial Virus (RSV)

On June 15th 2023, the Vaccines and Related Biological Products Advisory Committee (VRBPAC) of the Food and Drug Administration (FDA) unanimously voted that the COVID-19 vaccine formulation be updated to a monovalent COVID-19 vaccine with an XBB-lineage of the Omicron variant for fall 2023. FDA advised manufacturers (Pfizer, Moderna, and Novavax) to develop vaccines with a monovalent XBB.1.5 composition. It is anticipated that the updated vaccine with XBB.1.5 composition will be broadly available in the fall. After authorization of the updated vaccine, the Advisory Committee on Immunization Practices (ACIP) will review evidence to advise upon recommendations.

Infants, young children, and adults 60 years and older are more likely to get serious complications if they get sick with RSV. Each year, an estimated 58,000-80,000 children younger than 5 years and 60,000-160,000 older adults are hospitalized due to RSV infection. This year, new tools are available to protect these groups from severe RSV disease.

Nirsevimab is a new monoclonal antibody product to protect infants and young children from severe RSV. It is expected to be available this fall. CDC recommends one dose of nirsevimab for all infants younger than 8 months born during – or entering – their first RSV season (typically fall through spring). For infants born shortly before and during the RSV season, providers should target administration during the birth hospitalization or shortly after discharge, and by one week of age. For infants born before the RSV season, providers should target administration just before the start of the RSV season. For a small group of children between 8 months and 19 months at increased risk of severe RSV disease, such as children who are severely immunocompromised, a dose is also recommended in their second season. CDC is currently working to make nirsevimab available through the [Vaccines for Children program](#), which provides recommended vaccines and immunizations at no cost to about half of the nation's children. The ACIP added American Indian and Alaska Native Children to those recommended by the AAP who are at increased risk of severe disease in children aged 8-19 months entering their second RSV season based on documented increased incidence of RSV-associated hospitalizations in these groups.

New vaccines against RSV are available for adults 60 years and older. Older adults may get a single dose of RSV vaccine using shared clinical decision-making. The decision to vaccinate a patient should be based on a discussion between a patient and their health care provider. It may be informed by the patient’s risk of severe RSV disease, their values and preferences, clinical discretion, and the characteristics of the vaccine. It is anticipated that the RSV vaccine can be given at the same time as other vaccines, but recommendations from ACIP and the Centers for Disease Control and Prevention (CDC) will be forthcoming this fall.

Pediatric Mental Health

Recent trends in child and adolescent mental health are concerning to clinicians, researchers, policymakers, and advocates. Although the COVID-19 pandemic brought many of these issues to light, the roots of the problem go back more than a decade, with [increased rates of depression and anxiety](#) beginning around 2010. To address these concerning trends in mental health symptoms among children and adolescents, the Department of Health’s Division of Family Health has engaged in work to support child and adolescent access to services and the integration of youth into our public health planning. This work includes collaborating with the NYS Office of Mental Health (OMH) to support the state’s system of School-Based Health Centers (SBHCs) by expanding access to OMH’s Project TEACH (a program which provides consultation, referrals, and trainings to help primary care clinicians and families access community mental health support services). DFH also has future plans to actively engage youth and reduce stigma associated with talking about or getting mental health help by establishing a Youth Advisory Board and an Adolescent Mental Health Campaign to address issues of stigma as well as impact and concerns about social media. Youth will help inform the campaign through focus groups.

Colorectal Screening Media Campaign

Two newly updated media campaigns will begin airing in August and run until September 29th to promote colorectal cancer screening beginning at age 45 and HPV vaccination starting at age 9. Both campaigns will run in the five boroughs of New York, plus select counties statewide based on data. The audience for the ‘Start at 9’ HPV campaign are parents of children ages 9 – 12. Using HPV vaccination rate data and information from previous campaigns, the following counties were selected: 5 boroughs of New York City, Broome, Fulton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Oswego, Schenectady, St. Lawrence, and Tioga.

Wadsworth Center

Wadsworth Center’s Human Health Exposure Analysis Resource (HHEAR) Awarded Supplemental Funding by NIH

Wadsworth Center’s Human Health Exposure Analysis Resource (HHEAR) laboratory hub was awarded supplemental funding of \$946,826 by the National Institutes of Health (NIH). Total NIH funding awarded to Wadsworth’s HHEAR laboratory hub is now over \$7.5 million dollars – not too bad for a state public health lab competing with major academic institutions from across the USA. Established in 2019, the goal of HHEAR is to promote the characterization of the totality of human environmental exposures called the “exposome”. The exposome includes chemical, physical, and biological stressors as well as lifestyle and social environments that affect a person. Scientists harmonize and integrate data to gain a better understanding of complicated interactions between environmental factors as determinants of health. Wadsworth was selected for HHEAR specifically because of its expertise in targeted analysis of human specimens for

organic and inorganic contaminants. This latest award to the Center is intended to support the Environmental influences on Child Health Outcomes (ECHO) program, established by NIH to improve the health of children for generations to come. This award will help to establish new and improved laboratory instrumentation and methods that will benefit Wadsworth and all New York State Public Health.

Progress on New Wadsworth Laboratory Complex

The Wadsworth Center focuses on a wide range of critical public health concerns, including responding to public health threats, studying emerging infections, analyzing environmental exposures, new-born screening, and licensing clinical and environmental laboratories, as well as many other critical responsibilities. It is the largest and most diverse state public health laboratory in the U.S. Currently, the Center operates across five facilities which are badly out of date. The new laboratory complex, to be located on the Harriman Office Campus Complex in Albany by 2030, will consolidate these facilities. An internal review of the draft floor plans and overall facility has now been completed, with negotiations for a final contract to complete the design and begin construction underway. The team is also beginning discussions with the City of Albany on water and sewage considerations for the new facility as well as beginning planning on the computer and information systems critical to support laboratory operations and data management. Construction is on schedule to begin in late 2024. All of these efforts are to continue enhancing the State's readiness to effectively respond to future public health crises and retain top-tier scientists.

New Collaboration Between the Wadsworth Center and New York City for Wastewater Surveillance

The Wadsworth Center and the laboratories of the New York City Department of Health and Mental Hygiene (NYCDOHMH) have been discussing ways to strengthen collaboration and build public health partnerships in the laboratory sciences and surveillance. One collaboration was identified on wastewater surveillance for infectious diseases and chemical hazards. On August 8th, scientists of the Wadsworth Center and the NYCDOHMH convened their first quarterly call to coordinate efforts in wastewater surveillance for biological and chemical threats. The initial key outcome is that the Wadsworth Center and NYC will develop a roadmap to list wastewater surveillance processes and create plans to establish a unified framework to improve surveillance and look for new, external funding to expand collaborative surveillance work. In future quarterly calls, colleagues from Center for Environmental Health and the New York City epidemiology office will be invited to strengthen cooperation and information sharing. A key step in this nascent collaboration is to invite the Center for Environmental Health and epidemiology colleagues from New York City to future quarterly calls. This collaboration will strengthen the public health infrastructure throughout New York State, providing another level of protection from public health threats.