



Department of Health

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Dear Colleagues:

Forgetting an important birthday or anniversary is something to which we can all fall victim, but, as taxpayers, April 15 rarely fails to command our attention. As Health Commissioner, I would love to see more attention paid to several health awareness topics that share the April calendar with Tax Day.

In this month's letter, I want to discuss four important public health concerns that are spotlighted nationally every April: minority health, sexual assault, healthcare decisions, and organ donation.

Minority Health Month: Reducing health disparities, improving minority health, and increasing cultural competency is a year-round commitment for the New York State Department of Health. In my February 2019 [Commissioner's Letter](#), I discussed how the State is working to reduce racial disparities in maternal mortality and morbidity. As you already know, disparities reflect the difference in disease rates among different ethnic and racial groups. The Department has many initiatives aimed at simultaneously reducing disease rates overall and lessening this difference. Acknowledging that April is Minority Health Month provides an opportunity to celebrate recent advances in reducing disparities:

- HIV: Between 2013 and 2018, the difference in rates reflecting new HIV diagnoses among Black non-Hispanics and White non-Hispanics narrowed to 32.7 per 100,000, significantly exceeding the Prevention Agenda 2018 objective of 46.8.
- Breast Cancer: We have seen a considerable increase in the number of mammograms among Hispanic women: 88.5% self-reported having received a mammogram within the past two years, compared with a 79.5% rate for non-Hispanic White women.
- Health Insurance: Between 2012 and 2017, the rate of healthcare coverage among Hispanic adults increased by 10.5%—twice the rate of increased coverage for all other race or ethnic groups in the State.

It is also a time to highlight that much work still needs to be done:

- Breast Cancer: Although less likely than White non-Hispanic women to be diagnosed with breast cancer, Black non-Hispanic women remain more likely to be diagnosed with breast cancer at an advanced stage and more likely to die from it.
- Prostate Cancer: Black non-Hispanic males have by far the highest rates of prostate cancer and mortality of any racial or ethnic group.

- Cervical Cancer: Both incidence and mortality rates are higher among Black non-Hispanic and Hispanic women than White non-Hispanic women.
- Chronic Disease: Black non-Hispanics are twice as likely as White non-Hispanics to die from diabetes and suffer from hypertension (39%) at rates higher than non-Hispanic Whites (32.5%) and Hispanics (26.2%).
- Obesity: Almost 40% of Black and Latino youth ages 2 to 19 are overweight or obese compared with 29% of White youth.
- Assault-Related Hospitalizations: Rates for assault-related hospitalizations for Black non-Hispanics (10.0 per 10,000) were over seven times higher than for White non-Hispanics (1.4 per 10,000). Assault-related hospitalizations for Hispanics (4.7 per 10,000) were over three times higher than for White non-Hispanics.

The Department continues to collect key data points to assess racial and ethnic health disparities and identify areas for improvement across the State. New York's Prevention Agenda is providing a practical way to accomplish this. The five priority areas for the 2019-24 Prevention Agenda—economic stability, education, social and community context, health and healthcare, and neighborhood and built environment—were chosen based on the availability of evidence-based interventions to address these issues.

Sexual Assault Awareness Month: Sexual assault is a serious public health problem in New York State, where an estimated 35.7% of women and 17.4% of men report having experienced sexual violence victimization over their lifetime (National Intimate Partner and Sexual Violence survey).

Individuals who experience sexual violence can suffer from life-long negative health consequences, such as post-traumatic stress disorder (PTSD), eating disorders, anxiety, depression, flashbacks, dissociation, sleep disorders, self-harm, long-term injuries, risk of contracting sexually transmitted infections, substance abuse, pregnancy concerns, and maternal mortality.

It is not easy for those who experience sexual violence to talk about it, and it can be uncomfortable to listen to patients when they talk about it. It is critical that clinicians refer patients who have recently been sexually assaulted to their local emergency department to receive timely, compassionate, victim-centered medical forensic care. It is the duty of every hospital to provide patients an appropriate assessment and emergency treatment, including forensic evidence collection, offering and making available appropriate HIV post-exposure prophylaxis, emergency contraception, prophylaxis for sexually transmitted diseases, and the availability of rape crisis services and options of reporting the sexual offense to local law enforcement. Even if the clinician learns of the sexual assault long after it occurred, that clinician should make sure that the patient has the support that he or she needs.

Visit the Department's website to learn more about how we are [addressing sexual violence prevention](#).

National Healthcare Decisions Day: On April 16, New York recognized National Healthcare Decisions Day, which encourages residents to have important conversations with loved ones so that their wishes about healthcare are conveyed should illness or injury prevent them from speaking for themselves.

Clinicians play an important role in the critical process of advance care planning. Here are some simple steps you can take to support your patients.

1. **Think about what matters to you because it can help prepare you to talk to others about advance care planning.** Think about what you value and what you would want your loved ones to know.
2. **Start the conversation.** This is the hardest part of advance care planning, whether it takes one attempt or many. Informing your patients this month about National Healthcare Decisions Day is a great way to begin, but you should look for entry points for conversations throughout the year.
3. **Fill out the forms.** New York State advance directives include the Healthcare Proxy, Nonhospital Order not to resuscitate (DNR), and Medical Orders for Life-Sustaining Treatment (MOLST). It's a good idea to have filled out your own Healthcare Proxy and have blank copies available for patients. While everyone over age 18 should have a Healthcare Proxy, a MOLST form is generally for someone with a more life-threatening health condition. Start the conversation on MOLST for patients who might benefit from this type of advance directive.
4. **Review and revise.** Advance care directives should be reviewed periodically. This is a good time to review completed advance directives with patients to make sure they are up to date with what matters to them.

Visit the Department's website for [more information on advance care planning](#).

Donate Life Month: Every day, roughly 22 Americans die from causes that are treatable with a donated organ. Right now, nearly 9,500 New Yorkers are waiting for an organ transplant; nearly 1,700 of them have been waiting more than five years. Organ transplants are important for survival, but even tissue donated by one person can positively affect the lives of more than 50 others.

On April 12, several landmarks across New York State were lit for Blue and Green Day and National Donate Life Month. We celebrated the fact that more than 5.6 million New Yorkers have enrolled as organ donors in the New York State Donate Life Registry. New York has been exploring new avenues for enrolling Registry donors beyond the driver's license application and renewal process. Since the New York State of Health Marketplace added an organ donation option to its health insurance application in 2017, nearly 200,000 New Yorkers have become potential donors through this venue.

As clinicians, we have a golden opportunity every workday to lead by example. Maintaining awareness of the issues addressed here and following recommendations ourselves can help us better support our patients. You are the Department's frontline allies, and we greatly value how you help to communicate our recommendations for optimal health.

Thank you—and wishing you all the best.

Sincerely,



Howard A. Zucker, M.D., J.D.