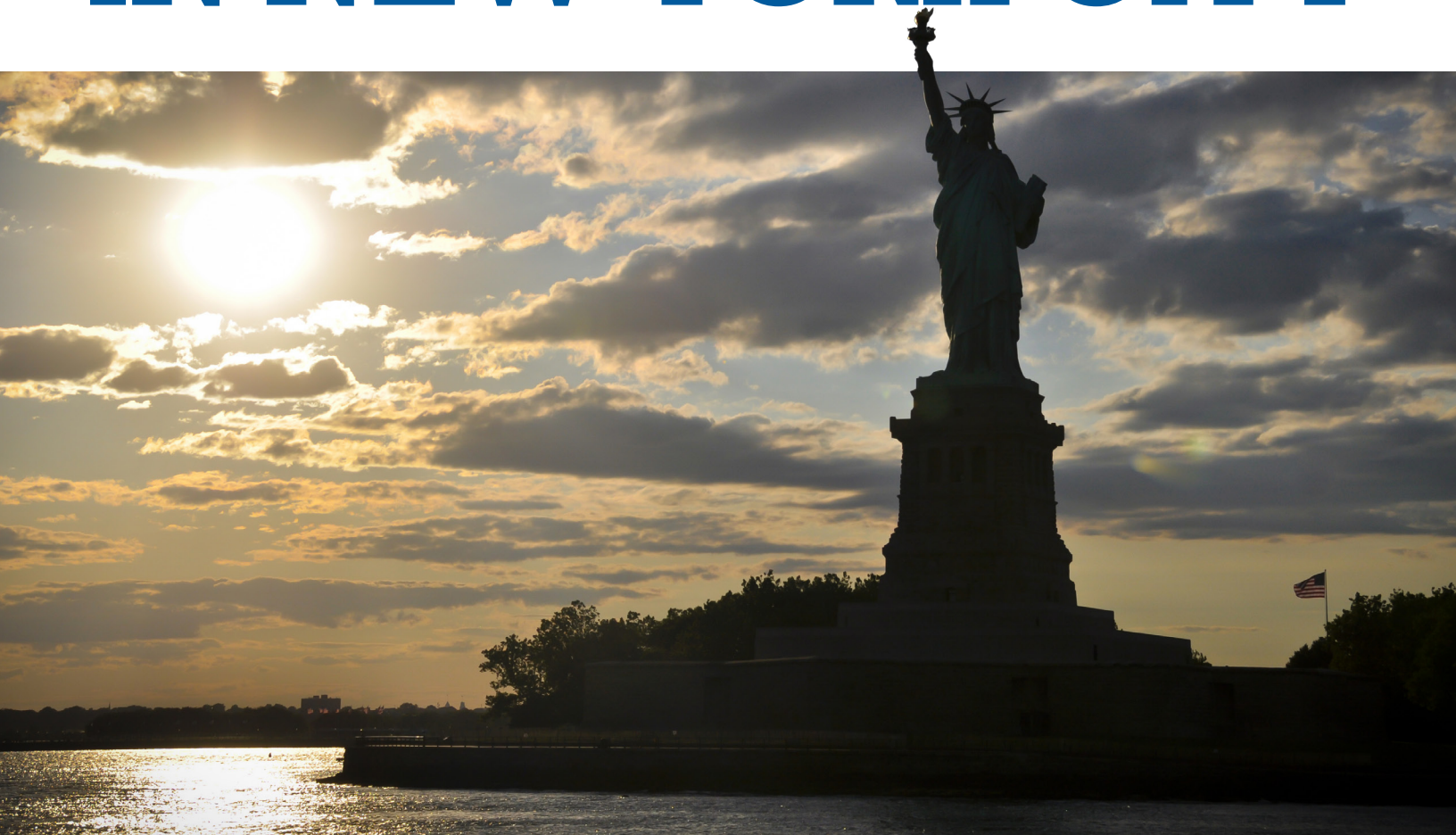


ADVANCING HEALTH EQUITY IN NEW YORK CITY



**A Report by the
Division of Public Health Practice and Community Engagement of the
City University of New York School of Public Health**

This report invites community organizations and leaders, activists, advocates, service providers, health professionals, city officials and municipal agency staff, academics and others to consider how we can best work together to improve public health and advance all forms of equity in New York City in the coming years. It is based on two previous forums the Division organized in March and October 2014 and sets the stage for a third forum on June 3, 2015, *Immigration & Health: Intersectoral Approaches to Advancing Health Equity*.

Division of Public Health Practice and Community Engagement

Executive Summary

In 2015, New York City has the opportunity to write a new chapter in its public health history. With a Mayor, City Council, and Health Department committed to tackling inequality in all its forms, our city and its residents have the potential to make reducing inequality a signature achievement of the next decade.

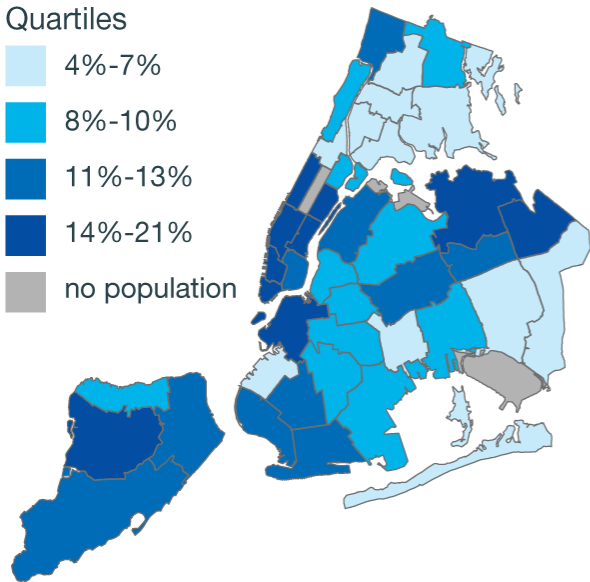
Today thousands of the city's community, religious and youth organizations, nonprofits and professional associations are immersed in the day-to-day work of advocating for and improving the living conditions of low-income New Yorkers. Together with city government and the social movements that are campaigning to reduce income inequality, enact a fair living wage, end unfair policing practices, and eliminate policies that discriminate against immigrants, Blacks or other groups, the forces supporting greater equity could set the stage for another advance in the well-being of the city's population.

Throughout its history, the health benefits of city living have not been equitably distributed among all sectors of the population. In the past, epidemics of cholera, yellow fever, tuberculosis and influenza struck the poor much harder than the better off. Sadly, today these inequalities persist: a baby born to a Black mother in New York City is three times more likely to die in the first year of life than a baby born to a white mother. Residents of the South Bronx and East Harlem have hospitalization rates for diabetes eight times higher than those living on the Upper East Side or in Soho.

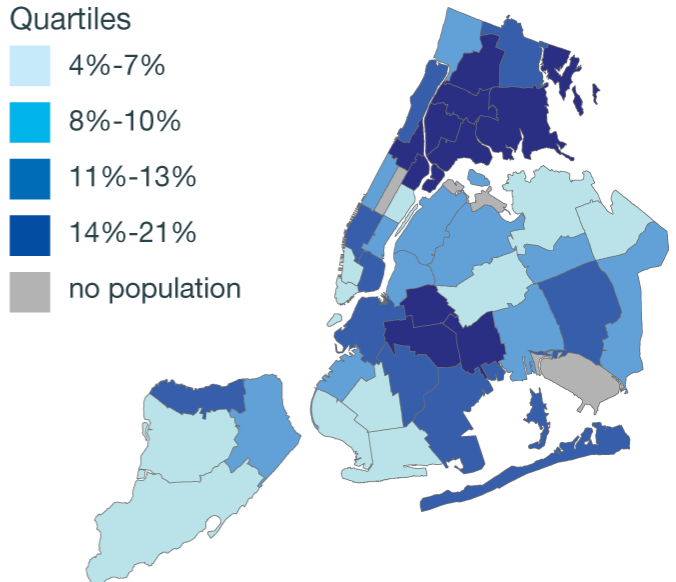
Several factors make now a good time to take action to advance health equity. These include not only the alignment of powerful forces for reform but also the city's improving economy and the increase in health care spending triggered by the 2010 Affordable Care Act.

In this report, the Division of Public Health Practice and Community Engagement at the City University of New York School of Public Health lay out the rationale for a new alliance to advance health equity in New York City. We summarize the public health evidence for taking on the social determinants of health and creating initiatives that cut across sometimes separate sectors like health care, education, economic development and transportation. We explain how the "health-in-all-policies" approach can contribute to reducing New York's inequalities in health and why engaging communities in shaping health policy can lead to smarter, more effective and more acceptable approaches.

Finally, we invite others to join us in applying these ideas to creating a new citywide initiative to improve the health of New York City's immigrant populations, identify and change policies that endanger the well-being of immigrants, and chart effective and humane approaches to immigration and health that can ultimately serve as models for the nation.



DOHMH, Community Health Survey 2013



DOHMH, Community Health Survey 2013

New York City prides itself on being a global pace setter in improving the health of its residents. In the nineteenth century, New York City showed the world that providing clean water and improved sanitation services to all its residents could prevent deaths and extend life. In the early twentieth century, our city created the first school health education programs, free milk stations, community health centers, family planning clinics, and visiting nurse services, leading to further reductions in premature death and preventable illness.

Enduring inequities in health have their roots in persistent inequalities in wealth, housing, education, health care and employment.

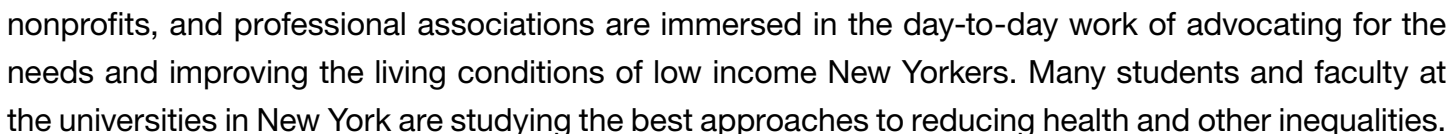
In the last 15 years, New York City has pioneered the use of policy to reduce the risk of death from chronic diseases and injuries. New laws restricting smoking, making healthier food more available in poor communities, and reducing access to guns have contributed to longer lives and better public health.

Throughout its history, however, the health benefits of city living have not been equitably distributed to all sectors of the population. In the past, epidemics of cholera, yellow fever, tuberculosis, and influenza struck the poor much more often than the better off.

Today these inequalities persist: a baby born to a Black mother in New York City is three times more likely to die in the first year of life than a baby born to a white mother. Residents of the South Bronx and East Harlem have hospitalization rates for diabetes eight times higher than those living on the Upper East Side or in Soho. Over the past decade, teen age girls living in the Bronx were more than twice as likely to get pregnant as those living on Staten Island.

These enduring inequities in health have their roots in the persistent inequalities in wealth, housing, education, health care and employment. In 2012, according to the US Census Bureau, the New York metro area had the highest estimated income inequality of any big city in the nation.





City government has a powerful set of potential allies for this work. Thousands of the city's community, faith-based, and youth organizations,

With this *Report on Advancing Health Equity in New York City*, the Division of Public Health Practice and Community Engagement of the City University of New York School of Public Health hopes to spark an ongoing dialogue on how the many constituencies who support reducing health inequities in New York City can best work together to achieve that goal.

Assembled skillfully, these building blocks have the potential to create a new foundation for advancing health and other types of equity in New York City. It would be naïve, however, not to analyze the many

obstacles that such an effort will confront. Using experiences from recent New York history, we identify some of these obstacles and suggest strategies for overcoming them.

Finally, we describe and invite others to join the faculty and students of the CUNY School of Public Health in helping to spark action that can demonstrate these new approaches to advancing health equity by focusing on one key issue in New York City: immigration.

Why now?

Although inequities in health have persisted throughout New York City's history, current circumstances create new opportunities for change. First, since the 2008 economic crisis, several events have elevated inequality as a political concern. Media coverage of the Occupy Wall Street demonstrations in 2011 made the 1% and the 99% household terms. Even as the visibility of this activism faded, new books and news stories kept inequality on the front pages. In the 2012 Presidential campaign, the two main candidates debated the causes and consequences of inequality, further informing public debate.

In November 2013, New York City elected a new Mayor who had made reducing inequality the center of his campaign. At his inauguration in January 2014, Bill de Blasio vowed to end New York's tale of two cities. Similarly, the City Council and its new leadership made promoting equity a central policy goal. At the New York City Department of Health, a new Commissioner also made reducing inequities in health a priority, and created a new Center on Health Equity to lead that effort. Recently, the Mayor's Office released [*One New York: The Plan for a Strong and Just*](#)

[*City*](#), a comprehensive plan for a sustainable and resilient city for all New Yorkers that addresses the profound social, economic, and environmental challenges ahead. These developments open the door for health equity advocates to put forward and mobilize support for policy proposals that can make a more equitable city an achievable goal.

Finding ways to channel streams of activism into a river of change offers the potential for overcoming a status quo that has made growing inequality a New York City norm for decades.

At the community level as well, support for advancing equity in New York City is growing. In the past few years, community organizations and social movements have acted to, among other goals, expand the rights of immigrants to obtain a college education, end policing practices that unfairly target Blacks and Latinos, and expand access to healthy food in low-income neighborhoods. These and other

such mobilizations demonstrate the potential for grass roots action to take on the many causes of inequalities in well-being. Finding ways to channel these streams of activism into a river of change offers the potential for overcoming a status quo that has made growing inequality a New York City norm for decades.

New findings in public health sciences and a growing cadre of health researchers committed to contributing their expertise to reducing inequalities

in health constitute a third argument for acting now. As we explain, public health researchers are finding new evidence that shows the importance of:

- Addressing social determinants of health – the living conditions that so decisively shape patterns of health and diseases;
- Developing “health in all policies” – an approach endorsed by the World Health Organization that recognizes that improvement in well-being requires changes in transportation, education, employment and housing policies and programs, as well as

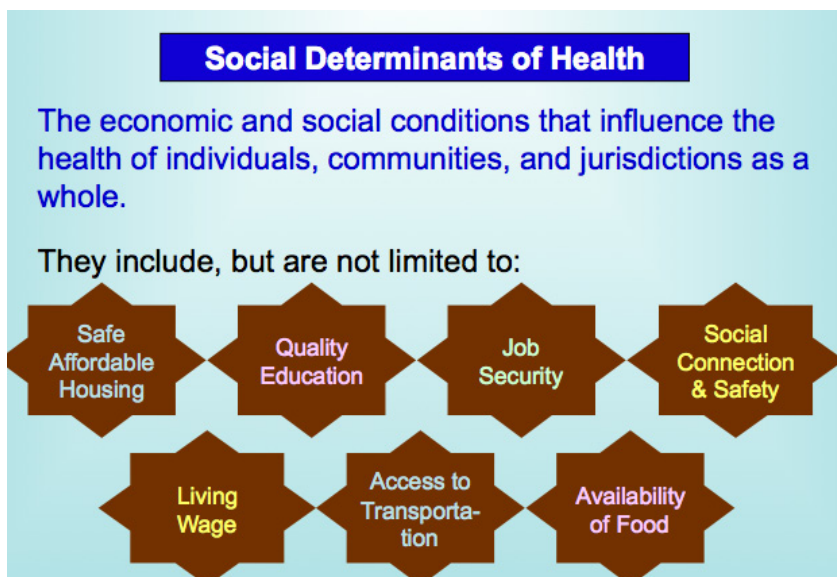
reforms in health care and public health policies;

- Promoting governance that engages communities and individuals in shaping healthy environments and healthy policies rather than simply urging individuals to change unhealthy behaviors, and that gives all sectors of the population equal opportunities to become healthy, productive members of their community.

Applying these ideas (further explained in Box 1) to public health practice can ensure that new approaches to reducing health inequities are guided by this emerging evidence.

Why New York City?

For several reasons, New York City is a good setting for innovation in advancing health equity – because of the wide political support for action, as we have described; the multidimensional diversity of its population, providing opportunities to learn about the similar and differing



needs of most of the major racial/ethnic and income groups in the United States; and its deep history of public health activism.

On another note, the political stalemate at the national level (and to a lesser extent, at the state level) makes it unlikely that significant federal or state initiatives to promote health equity will be launched in the next few years. Thus, New York City becomes a place to develop and test the approaches that can later be applied in other settings, a role New York City has played throughout its history.

Box 1: The Emerging Public Health Evidence on Promoting Health Equity

1. Take on the social determinants of health. Two centuries of public health research show that the most basic influences on health are the living conditions of ordinary people—their housing, education and working conditions and their access to clean air, water, safe food and affordable health care. The most significant increases in lifespan and reductions in premature death have resulted when these living conditions are improved for all sectors of the population. Some policy makers still believe that the easiest way to improve health is to urge people to take better care of themselves and follow their doctor’s advice more carefully. Sadly, the evidence doesn’t support the effectiveness of this approach. Today’s challenge is to identify the specific living conditions in New York City that contribute to poor health and health inequality, and then take action to improve those conditions.

2. Make “health in all policies” a priority. In 2010, the World Health Organization recommended that all levels of government adopt a “health in all policies” approach. This recommendation was based on the growing understanding that decisions about tax, education, employment and transportation policies can influence health as much as decisions about health care. According to the American Public Health Association, health in all policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. To date, the “health in all policies” approach has been used more in Europe than here in the United States. Now New York City has an opportunity to see if this approach can help to shrink the persistent inequalities in health that still face our city.

3. Coordinate action across sectors and levels. To make “health in all policies” a reality requires government agencies, nonprofit and private organizations and communities to work together across sectors to improve health and reduce inequality. For example, reducing obesity requires changes in our food system, schools, parks and transportation designed to make it easier for people to choose healthier food and engage in more physical activity. By finding new ways to cut through the red tape of bureaucracies and break out of the silos in which government and nonprofits often work, those seeking to reduce health inequality will need to create spaces where we can learn from and share lessons with each other.

Intersectoral action: elements for success

High-level commitment and champions	<ul style="list-style-type: none"> • Mayors, prime ministers, celebrities
Dedicated resources	<ul style="list-style-type: none"> • Taxation, private sector • Coordination function needs resourcing
Institutional structures	<ul style="list-style-type: none"> • Health promotion agencies, advisory task forces, local government • Do not discount informal relationships and power of community
Joint planning	<ul style="list-style-type: none"> • Quality of the planning can be more important than the plan
Legislative tools	<ul style="list-style-type: none"> • Trans fats, setting up structures for health promotion
Accountability	<ul style="list-style-type: none"> • Identity of accountable party/parties needs to be clear (shared or not, health or non-health sector)
Monitoring and reporting	<ul style="list-style-type: none"> • Targets focus action • Results are important for advocacy

Building Blocks for a Movement to Advance Health Equity

In the long run, bringing about meaningful and sustainable reductions in health inequities in New York City requires a comprehensive, coordinated movement that brings together all the constituencies with a stake in reducing inequality. What are the building blocks for such a movement?

First, social movements have always been the motor force for improvements in living conditions. Today, organizations like Fast Food Forward, organizing low wage fast food workers for higher wages and safer working conditions; Make the Road New York, organizing low income and immigrant communities for more humane education and immigration policies; Communities United for Police Reform; and many others are building the vibrant movements that can mobilize communities to create a healthier, more cohesive, and more equitable city.

These movements emerge from a web of organizations that are rooted in communities and experiences, have the trust of their constituents, and have learned in practice a repertoire of strategies to bring about changes in policy and the allocation of power and resources. New York City is fortunate to be home to thousands of such organizations. Every neighborhood has tenant associations, faith-based groups, parents' associations, health and social service providers, and youth groups that have for years campaigned for improvements in housing, schools, or health care. Bringing together the passion, energy and wisdom of these groups is a key component of building a movement for health equity.

Second, municipal government can bring other key resources to the effort to advance equity. Using their mandates and authority to improve services and strengthen safety nets, cities can play an important role in protecting the most vulnerable populations during economic crises. In New York City, in the last two years, the Mayor and the City Council have created several intersectoral initiatives, described in Box 2, that have the potential to bring about important improvements in the living conditions for the city's populations most harmed by the growing inequality of the last decades.

By focusing attention on those parts of these initiatives that contribute to health, health professionals and advocates can ensure that they realize their potential. For example, by making sure that new affordable housing developments include access to healthy, affordable food, places for safe physical activity, and proximity to primary health care, these developments will contribute to improved health. At the community level, local leaders and activists can help to weave together improvements in housing, parks, schools and transportation, for example, to make sure that the end result is a community that better supports health in all its dimensions.

By itself, city government cannot end inequality. A famous, perhaps apocryphal, story from FDR's presidency has it that shortly after his first election, he met with labor leaders who reiterated their demands for reforms. Roosevelt replied, "I agree with you, I want to do it, now make me do it." Only mobilized communities can "make" the Mayor and City Council persevere in the effort to replace the tale of two cities with a vision of one city for all. Only mobilized movements can sustain reductions in inequality in the face of opposition.

Successful movements need organizations and individuals that can serve as leaders. While many have made important contributions to the effort to advance health equity in New York City, a consistent, coordinated leadership that can work across sectors, government and communities, populations, and issues has yet to emerge. Developing this leadership is an important priority and every participant can play a role in identifying and preparing the leaders who will be needed to achieve success.

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Educating New Yorkers about policy options for health and equity can also contribute to success. Here the City University of New York (CUNY), the city's enduring commitment to equitable access to higher education, can play a role. The students and faculty of CUNY's new School of Public Health welcome the opportunity to participate in a broad public dialogue on such options.

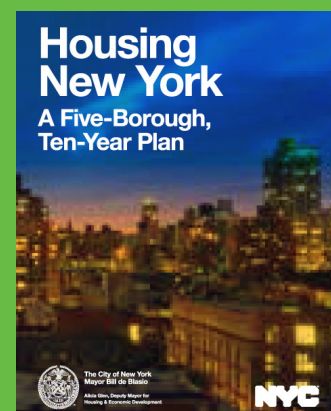
Finally, a movement needs ideas that can inform action and bring people together. In public health, the ideas described in Box 1 constitute a starting point for a systematic approach to improving health and reducing health inequalities in New York City. We invite others to add ideas and to join a collaborative effort to forge an intellectual framework for a revitalized movement for health equity.

Box 2: Selected Municipal Intersectoral Initiatives, 2014-15

Since January 2014, Mayor de Blasio and the City Council have launched several new intersectoral initiatives. These initiatives seek to make New York a more equitable city and to reduce the differences in living conditions that have long characterized this city. A few are highlighted here.

Affordable Housing

In early 2014, the de Blasio Administration released a [5-Borough, 10-Year Plan for Housing](#) in New York. The plan proposes to build or preserve 200,000 affordable housing units over the next 10 years in order to provide homes for more than 500,000 low to middle income New Yorkers. The plan was a response to a growing imbalance in the supply and demand for affordable housing, an increasing homeless population, and an increasing senior population. It looks to increase affordable housing while fostering diverse, livable neighborhoods.



Workforce Development

To close the growing skills gap that prevents large segments of the city's populations from finding jobs that will generate incomes sufficient to support a family, the Mayor created a Jobs Task Force. Its [report](#) suggested ways that the city could bolster local businesses by enhancing the skills of

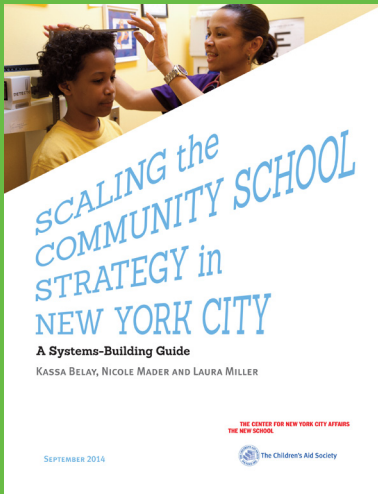
the city's labor force. To help workers secure good-paying jobs in fast-growing economic sectors, the Task Force recommended an integrated workforce development system and public-private industry partnership to ensure that workforce training is directly linked to employers' talent needs. The new Office of Workforce Development leads this effort.

JOBS FOR NEW YORKERS TASK FORCE

Workforce Development Re-imagined

Universal Prekindergarten

[The NYC Universal Pre-Kindergarten Program](#) (UPK) seeks to ensure that all 4 year olds in New York City have rich and varied early learning experiences that prepare them for success in school and lay the foundation for college and career readiness. UPK will provide all children, including children with disabilities and students with limited English proficiency with an important foundation that promotes the acquisition of skills in the five domains of development: approaches to learning; physical development and health; social and emotional development; communication, language, and literacy; and cognition and knowledge of the world. UPK providers may not charge families for services covered under these contracts. The city is expecting to enroll all of the city's 73,000 four years olds by 2016.



Community Schools

Late in 2014, Mayor de Blasio [announced](#) that 45 New York City public schools had been selected to receive funding to become community schools. The awards came from a 4-year, \$52 million grant to add comprehensive social services and learning programs in high-need public schools across the city. This initiative was billed as the first step in fulfilling a campaign promise to create 100 new Community Schools. The aim of Community Schools is to seamlessly integrate existing sustainable community programs and services into the school environment. The Children's Aid Society, identified as a national leader in Community Schools, reports that Community Schools lead to "improved student

learning, stronger families and healthier communities". The first round of Community Schools was launched in the 2014-2015 school year.

Public Safety and Mental Health

In December 2014, a Mayoral Task Force on Behavioral Health and the Criminal Justice System proposed an [action plan](#) designed to keep people accused of low-level offenses

and living with mental illness and substance use disorders out of jail. The Task Force recommended diversion routes away from the criminal justice system, and treatment for people with mental illness or substance use disorders within the system, as well as meaningful connections to care post-incarceration, and in the most affected communities.

Mayor's Task Force on Behavioral Health and the Criminal Justice System



Community Parks Initiative

[The Community Parks Initiative](#), the department's first major equity initiative, is a multi-faceted investment in the smaller public parks that are located in New York City's densely populated and growing neighborhoods where there are higher-than-average concentrations of poverty. It will invest \$130 million capital dollars and also bring enhanced programming, maintenance, and community partnership building to 55 community parks serving high-need communities. The initiative will engage New Yorkers in rebuilding local parks, create new reasons to get out and get fit, and reconnect communities to the green spaces right outside their doorsteps.

[One New York: The Plan for a Strong and Just City](#) lays out a plan for intersectoral action to improve equity and well-being.

Diverse multi-organizational partnerships for advancing health equity are essential for two reasons. First, only deep and wide coalitions can overcome the entrenched interests that are unwilling to give up their privileges to create a more equitable city. Second, each of the parties discussed in this report – city agencies, communities and community organizations, activists and advocacy groups, and researchers and health professionals – have distinct and vital contributions to make towards health equity. Leave one party behind and the whole effort is weaker.

The forces that divide those who share a desire to advance health equity are strong but the arguments for why we need each other are stronger.

Power in Numbers

Throughout history, special interests have opposed reforms designed to improve public health and used their political and economic clout to preserve the status quo. In New York City, advances in public health have followed popular mobilizations that

included reformers, social movements and health professionals to bring, for example, clean water, healthier housing, and safer workplaces to ordinary New Yorkers. These advances contributed to the dramatic reductions in premature death of the late nineteenth century and early twentieth century. Today, levels of income and wealth inequality are higher than at any time since the Great Depression and New York City has the highest levels of economic inequality of any city in the nation.

As a group of public health researchers at Columbia University recently observed, in the last century “public health professionals have... defined their mandate ever more narrowly and shrunk from political engagement with powerful interests such as corporations and business that created unhealthful environments. ... The current economic calamity, affecting the health and well-being of hundreds of millions of people around the world, provides the chance to rethink fundamental assumptions about our country’s economic and social system. Public health is positioned to reclaim its place as part of an emerging reform movement.”

Unique Contributions

But it’s not only strength in numbers that argues for robust and sustainable partnerships. It’s also the recognition of the unique resources and capacities that each party brings to the task of advancing equity. The forces that divide those who share a desire to advance health equity are strong but the

arguments for why we need each other are stronger. How can we overcome the divisions and distrust that block more effective action for promoting health equity? What practical steps can we take to reduce the corrosive divisions that undermine collective action to reduce inequality?

Benefits and Challenges of Successful Intersectoral Work

In a series of formal and informal discussions convened by the CUNY School of Public Health Division of Public Health Practice and Community Engagement with representatives from a variety of constituencies over the last year, participants suggested processes of collaboration and communication that might facilitate intersectoral partnerships, listed in Box 3. They also identified some strategies that could advance collaborative work.

These suggestions constitute a starting point for future work. They also demonstrate the value of considering intersectoral work for health equity as a domain of practice in which participants can identify best practices across issues in order to avoid repeating the mistakes which have in the past undermined or slowed down this work. While some processes may seem obvious, participants in the discussions emphasized the challenges of implementing them in practice. We invite others to join us in creating spaces where some of these suggestions can be implemented.

Box 3: Proposed Processes and Strategies for Advancing Health Equity in NYC

Some Processes for Promoting Collaborative Action for Health Equity

Listen carefully and respectfully to all constituencies' concerns about a problem before proposing a specific solution.

Invite the communities and community organizations that are most affected by the problem to join in planning intersectoral initiatives.

Identify existing assets in participating and affected communities and make sure the “owners” of these assets participate in the planning process.

Create accessible times and safe spaces where all participants can take a step back from day-to-day problems and share a longer-term vision, to frame, identify, and solve problems.

Collect, analyze, and present in user-friendly formats the available data documenting the extent, causes, and consequences of the problem.

Summarize the available evidence on solutions to the problem, and present in user-friendly format to all constituencies.

Identify differences in terminology, language, and culture among the various sectors, professional categories, communities, and agencies involved in intersectoral work, and engage “translators” or assure “translations” to bridge these differences.

Make advancing health equity an explicit goal of all intersectoral initiatives, and spell out activities contributing to this goal, and methods for assessing, measuring, and reporting progress.

Specific Strategies for Advancing Health Equity in NYC

Identify and take action to end policies that are not working or that contribute to inequalities in health. Stopping policies that don’t work is sometimes easier than starting new ones.

Use intersectoral initiatives to create new jobs. New employment opportunities in health and human services can help solve persistent health and social problems while also promoting employment and economic development for low-income communities.

Make community and economic development a foundation and unifying theme for intersectoral initiatives.

Create “second chance” programs and policies specifically designed to boost the success of vulnerable populations such as people returning from jail, people with mental illness, and recent or undocumented immigrants.

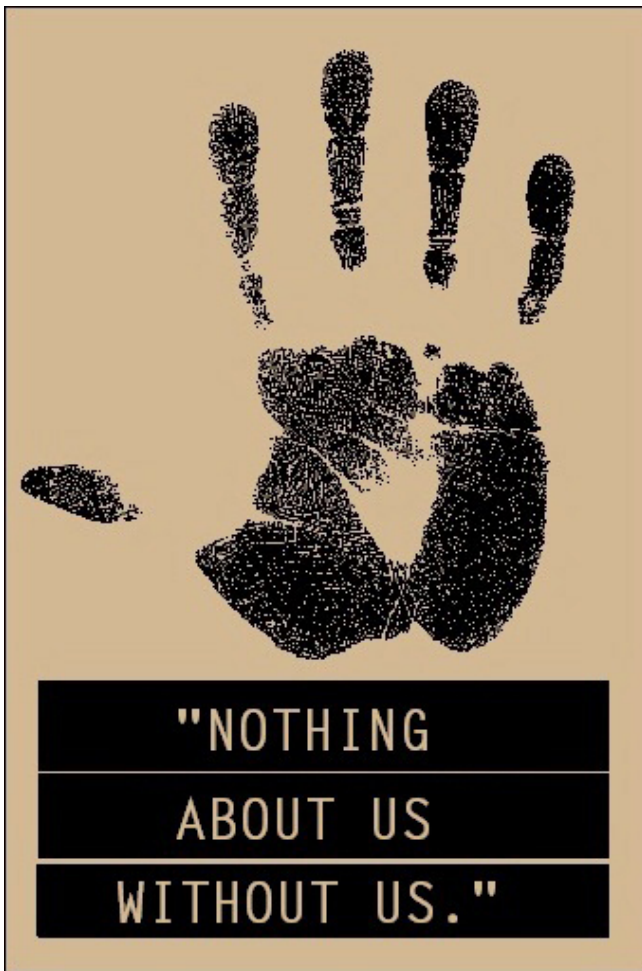
Craft a balanced portfolio of “place-based” initiatives to focus on living conditions that can be changed at the community level and population-wide initiatives to address the causes of ill health that operate at structural and social levels.

Develop policies and programs that can reduce all kinds of stigma, an important contributor to ill health and inequalities in health.

Obstacles to Partnerships

To create meaningful and productive partnerships among the constituencies concerned with health inequalities in New York City will require confronting the perceived and actual obstacles to collaboration.

While common stereotypes emerge from real experiences, they have important consequences for those who want to promote health equity. If we believe we can’t trust a potential partner, why would we want to work with them? It’s harder to listen to and understand those we distrust and, if we aren’t able to communicate, harder to find the common ground that might unite us. Ultimately, if potential



partners are not trustworthy, then many individuals and organizations decide to go it alone or work with only a few allies, making their coalitions weaker, more vulnerable and less likely to achieve their goals.

Underlying many of these conflicts are the deep roots of racism, sexism, homophobia and other “isms”. Events of the last year in Ferguson, Staten Island, Baltimore and elsewhere show how deeply many people fear that Black lives don’t matter as much as white lives, that immigrants will never be accepted as equal members of our society, or that the rich will always get a better deal than the poor. By themselves, no words can allay these fears, but by creating spaces where engaged participants can safely confront and explore strategies for dismantling these corrosive hierarchies, those committed to change can signal that another world is possible.

Beyond Stereotypes

City agencies, communities and community organizations, activists and advocacy groups, and

researchers and health professionals – all will need to move beyond their stereotypes of one another, and to practice behaviors that demonstrate a commitment to collaborative action.

To move beyond these stereotypes will require taking on two tasks. The first is to make the case for why the different partners who want to advance health equity need each other—the case for co-dependence. The second is to create spaces in New York City where potential partners can safely explore their differences and search for the common ground and shared goals that will allow them to work together.

Together social movements, popular campaigns, community organizations, health researchers and activists, and Mayoral initiatives constitute powerful resources for those seeking to improve health and living conditions in New York City and beyond, and to advance equity in health and other sectors. Some questions remain:

- How can city government, community organizations and academics work with these movements to better achieve our common goals?
- On what issues and strategies might these constituencies disagree?
- What forums are most appropriate to discuss and resolve some of these differences?
- What are the best starting places for action on a common agenda to advance health and equity in New York City?

Immigration and Health: Creating New Openings for Advancing Health Equity in New York City

As we considered these questions for our organization, the City University of New York School of Public Health, we decided to propose activities that could help achieve specific health objectives but also demonstrate how to translate the ideas, evidence and insights summarized in this report into public health practice that can make a significant and measurable contribution to advancing health equity in New York City. Based on conversations with community partners, city organizations, and our own students and faculty, we invite others to join us in creating new activities to improve the health impact shaped by the many aspects of immigration, and to shrink the inequities experienced by New York City's immigrant communities.

We propose this focus for several reasons:

First, immigrants constitute a significant part of the city's population. New York City is home to more than three million immigrants, 37% of the city's population.

The two largest immigrant groups hail from the Dominican Republic and China, followed by Mexico, Jamaica and Guyana which exemplifies the diversity of the city's immigrants. As shown in Box 4, for

some health conditions, immigrants have better health than native born New Yorkers and for others, worse. Understanding these differences and taking action to reduce the adverse outcomes can yield new insights that can benefit the health of all population groups in New York City.

Second, the City University of New York has some contributions to make to the task of improving the health of immigrants. Of our 270,000 enrolled students, 42% speak a native language other than English, 38% were born outside the United States mainland, and the families of CUNY students originate from 202 nations. As young people who have succeeded in enrolling in college, CUNY's immigrant students can become important ambassadors to their communities, bringing health messages and resources to their families, peers, and communities, and also bringing insights on the relationship between immigration and health and other areas to health professionals, the health care system, and policy makers. CUNY students' leadership role in the campaign to pass the Dream Act

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in New York State demonstrates their vast potential for playing the role of ambassador. In addition, several dozen CUNY faculty members focus their scholarly work on the causes and consequences of immigration, including at least a dozen who identify immigrant health as a major focal point for their research.

Third, the status of immigrants in this country is a major issue on the national agenda. While many obstacles block action at the federal level, New York City has an opportunity to develop, pilot test, and evaluate new approaches for improving the impact of immigration on health. There is also an opportunity to find new ways to link improvements in the health of this population with improvements in other sectors of the population experiencing the burden of inequality. Once again, New York City can gain experience and evidence that can inform the nation in considering rational and humane approaches to policies on immigration and health.

Box 4: The Health of New York City’s Immigrants in Comparison to Native-Born New Yorkers	
Healthier	Less Healthy
GENERAL	
Lower all-cause death rate	Less likely to have a regular primary care provider
Comparable to lower death rates from heart disease, cancer, influenza/pneumonia, stroke, diabetes, chronic respiratory disease, and AIDS (top 10 causes of death in NYC)	Less likely to have Medicaid/Medicare
Smaller proportion of deaths are premature	More likely to be uninsured
Less likely to smoke tobacco	Less likely to get blood pressure/cholesterol checked and/or colon cancer screening
	More likely to self-report fair or poor health
	Less likely to have the flu and/or pneumonia immunization
	More likely to see rats/mice in home/building
	Higher tuberculosis rate

GENERAL (CONT.)

Higher rates of intimate partner femicide

Higher blood lead levels in children

FOOD ACCESS/NUTRITION

Less likely to be obese

High rates of food insecurity and diet-related diseases in some populations

REPRODUCTIVE/SEXUAL HEALTH

Lower infant mortality rate

Less likely to get Pap tests and mammograms

Lower rates of low birthweight babies

Higher teen birth rate

MENTAL HEALTH

More likely to report psychological distress

On June 3, 2015, the CUNY School of Public Health will sponsor a Forum: Immigration & Health: Intersectoral Approaches to Advancing Health Equity. The goals of the forum are to:

1. Describe and analyze the impact of immigration on health and health equity across levels of organization: individual, family, community, population, and system, with a focus on New York City experiences
2. Develop a shared public health analysis of the pathways by which immigration and immigration policies influence the health of New York's immigrant and native-born populations
3. Promote and support intersectoral partnerships and collaboration among community organizations, social movements, advocates, academics, and government agencies for improving health and equity related to immigration
4. Apply the "health in all policies" approach to immigration and health in New York City

In keynote talks from public health leaders, city officials, and immigrant advocates and in topical workshops– on mental health, occupational health, reproductive and sexual health, quality health care and food access – the Forum will explore these questions:

1. How do the nation's and the city's immigration policies affect the well-being of immigrants and of other New York City populations?
2. What is the relative influence on health of the living conditions of various immigrant groups after they arrive in New York City and the culture, values, and health practices they bring from their country of origin?

3. What are the health similarities and differences in immigrant populations who share some social or cultural characteristics (e.g., Caribbeans or Southeast Asians), in relationships with the home country and across the many different immigrant groups living in New York?

We invite readers of this report to join us on June 3rd to take another step towards advancing health and equity in New York City. For more information, email cdiamond@gradcenter.cuny.edu.



PHOTOGRAPH: LITTLE ITALY, CIRCA 1900; CREDIT

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